



MILITARY HEALTH SERVICES SYSTEM (MHSS) MATRIX

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This is the initial publication of AFH 41-114 which supplements AFD 41-1, *Health Care Programs and Resources*, AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System (MHSS)*, and AFI 41-101, *Obtaining Alternative Medical and Dental care*. It provides health care personnel with cross referenced paragraphs and tables which determine eligibility and appropriate charges for health care in Air Force dental and medical treatment facilities (MTFs) and use of the Aeromedical Evacuation system. It also discusses other related health care benefits and describes the extent of care the Air Force authorizes. This handbook applies to all active duty, reserve components, and retired personnel of all seven uniformed services as well as their family members, and certain categories of civilians. It implements **DoD Directives 3025.13** *Employment of Department of Defense Resources in Support of the United States Secret Service*, September 13, 1985, **6010.14**, *Inpatient Medical Care for Foreign Military Personnel*, July 8, 1986, **6310.7**, *Medical Care for Foreign Personnel Subject to the North Atlantic Treaty Organization (NATO) Status of Forces Agreement (SOFA)*, December 18, 1962, **DoD Regulation 6010.8-R**, *Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Reprint and Changes 1-9*, July 1991, and Executive Order (EO) 11733, July 30, 1973. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to HQ USAF/SGMA, 110 Luke Ave, Room 400, Bolling AFB DC 20332-7050.

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Section A—Health Care for Current and Former Uniformed Service Members. Section A describes the extent of health care services available to current and former active duty members of the Uniformed Services.

- 1. Active Duty Personnel. USAF, USA, USN, USMC.** Authority is 10 U.S.C. 1074, 1075; 31 U.S.C. 1535; 42 U.S.C. 11101.
- 1.1. Category Definition. Commissioned and warrant officers and enlisted personnel of the Army, Navy, Air Force and Marine Corps. It includes members of the Reserve Component on active duty tours of federal service (see Paragraph 5).
- 1.2. General Entitlements. See Table 1.
- 1.3. Special Considerations:
- 1.3.1. If an active duty Air Force member is admitted to a civilian facility for medical care, the member pays the subsistence charge for the hospitalization period. When processing the claim from the civilian facility, the Medical Service Account officer will separately identify on the payment voucher that portion of the civilian medical charges related to subsistence according to AFI 41-101. The servicing accounting and finance office is responsible for notifying the individual of the debt and collecting the funds. No further action is required by the MTF.
- 1.3.2. Aeromedical evacuation as a patient is not authorized while on convalescent leave.
- 1.3.3. Hearing aids are authorized.
- 1.3.4. Under 10 U.S.C. section 8723, the Secretary of the Air Force may order the hospitalization, medical and surgical treatment, and domiciliary care for as long as necessary, of any member of the Air Force on active duty, except when an individual is treated in a private hospital, or by a private physician, while on leave of absence for more than 24 hours. For Army authority see section 3723.

Table 1. Active Duty Personnel: USAF, USA, USN, USMC.

	A	B	C
RULE	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
1	direct care, outpatient	yes	none
2	direct care, inpatient		SR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	yes	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	

7	dental care		
8	USTF system	no	
9	civilian medical care	yes	SR for inpatient care, none for outpatient care
10	immunizations		na
11	prosthetic devices		

2. Active Duty Personnel: USPHS, NOAA, USCG. Authority is 10 U.S.C. 1074, 1075; 31 U.S.C. 1535; 42 U.S.C.

2.1. Category Definition. Commissioned and warrant officers of the Coast Guard, US Public Health Service, and National Oceanic and Atmospheric Administration, enlisted members of the Coast Guard. It includes Reserve Component members on active duty (see Paragraph 5).

2.2. General Entitlements. See Table 2.

2.3. Special Considerations:

2.3.1. Aeromedical evacuation as a patient is not authorized while on convalescent leave.

2.3.2. Reimbursement for A/E required for USPHS and NOAA. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

2.3.3. Hearing aids are authorized for USCG personnel.

2.3.4. Transfers of USPHS and NOAA officers to non-federal hospitals should not occur except in emergencies or when medical care required is beyond the capability of the MTF. When an MTF transfers a USPHS or NOAA commissioned officer to a non-federal hospital, notification to the USPHS to obtain a preauthorization number is required within 72 hours of transfer. Notification is made during normal duty hours to the USPHS Beneficiary Medical Program, Chief of Patient Care Services, telephone 1-800-368-2777 or (301) 594-6330. When a USPHS or NOAA officer is treated at an MTF, the MTF must forward copies of all medical records (both inpatient and outpatient records) to the USPHS Division of Commissioned Personnel, Medical Affairs Branch, Room 4C-06, 5600 Fishers Lane, Rockville MD 20857.

2.3.5. USPHS and NOAA are billed directly to the USPHS by the MTF. Forward a SF1080 along with the DD 7/7A to: USPHS Division of Commissioned Personnel, Medical Affairs Branch, Room 4C-06, 5600 Fishers Lane, Rockville MD 20857.

2.3.6. Prosthetic devices, excluding dental prostheses, are billed at the actual charge. Dental prostheses are billed at the current rate publicized by HQ USAF/SGMC.

Table 2. Active Duty Personnel: USPHS, NOAA, USCG.

	A	B	C	D	E
RULE	If the general benefit is	and the patient is entitled to the benefit	then charge	and collect	and prepare
1	direct care, outpatient	yes	IAOPR	centrally by HQ USAF/SGMC, see 2.3.5.	DD Form 7/7a
2	direct care, inpatient		IAR		
3	CHAMPUS	no	na	na	na
4	supplemental care-non-CHAMPUS	see Rules 9 & 10			
5	supplemental care-CHAMPUS	no	na	na	na

6	aeromedical evacuation	yes	see paragraph 2.3.2.	see paragraph 2.3.2.	
7	dental care		IAOPR	centrally by HQ USAF/SGMC, see para 2.3.5.	DD Form 7/7a
8	USTF system	see paragraph 2.3.4			
9	civ emergency care, outpatient	yes	actual charges	centrally by HQ USAF/SGMC, see para 2.3.5.	DD Form 7/7a
10	civ emergency care, inpatient				
11	immunizations		IR		
12	prosthetic devices		see para 2.3.6.		

3. Former US Military Personnel Held as Prisoners of War (POW) or Detainees by Foreign Governments. Authority is OASD (HA) Letter, 22 May 1973.

3.1. Category Definition. Repatriated US military personnel who were POWs or detainees who have left the military service for reasons other than retirement.

3.2. General Entitlements. See Table 3.

3.3. Special Considerations:

3.3.1. Former POWs are eligible for care for 5 years after separation from military service. The Assistant Secretary of Defense (Health Affairs) provides a statement of eligibility.

3.3.2. For purposes of aeromedical evacuation, consider the individual in the same category as active duty.

3.3.3. For other than aeromedical evacuation, consider the individual a retiree.

Table 3. Former POWS.

	A	B	C
R	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
U			
L			
E			
1	direct care, outpatient	yes	na
2	direct care, inpatient		see note below
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	
7	dental care		
8	USTF care		
9	emergency care, outpatient		
10	emergency care, inpatient		see note below
11	immunizations		na

12	prosthetic devices		

NOTE: Collect SR from officers, nothing from enlisted.

4. Academy Cadets and Midshipmen. Authority is 10 U.S.C. 1074, 6201-6203; 31 U.S.C. 1535.

4.1. Category Definition. Cadets enrolled at the Air Force Academy, the US Military Academy at West Point, the USCG Academy, and midshipmen enrolled at the US Naval Academy.

4.2. General Entitlements. See Table 4.

4.3. Special Considerations:

4.3.1. Charges for USCG Academy cadets are the applicable interagency rates. Submit a DD Form 7 or 7a as appropriate to HQ USAF/SGMC for reimbursement.

4.3.2. Hearing aids are authorized.

Table 4. Academy Cadets and Midshipmen.

	A	B	C
R U L E	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
1	direct care, outpatient	yes	na
2	direct care, inpatient		SR. See para 4.3.1.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	yes	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	
7	dental care		
8	USTF care		
9	emergency care, outpatient		
10	emergency care, inpatient		SR. See para 4.3.1.
11	immunizations		na
12	prosthetic devices		

5. Reserve and National Guard Personnel. Authority is 10 U.S.C. 175, 672, 1074, 3015, 8033, 31 U.S.C. 1535; 32 U.S.C. 502, 1002

5.1. Category Definition. Members of the Air National Guard, Army National Guard, or Reserve Components of the Air Force, Army, Navy, Marine Corps, Coast Guard, Public Health Service or NOAA who have been called to federal service; who are on voluntary active duty providing full-time support to National Guard, Reserve, and Active Component organizations for the purpose of organizing, administering, recruiting, instructing, or training the Reserve Components. Reserve Component members on Extended Active Duty (EAD) and Active Guard/Reserve (AGR) personnel are covered under Paragraph 1. Air Reserve technicians are covered under Paragraph 37.

5.2. General Entitlements:

5.2.1. For USAF, USA, USN, USMC personnel see Table 1.

5.2.2. For USCG, NOAA and USPHS personnel see Table 2.

5.3. Special Considerations:

5.3.1. Published orders are required but not limited to the following types of tours: active duty for training, annual training, active duty support, temporary tours of active duty and initial active duty training.

5.3.1.1. Reserve Component members on inactive duty for training (IDT) will not be on published orders.

5.3.2. Reserve Component members on active duty tours are entitled to the same medical and dental care authorized members of the regular component during the period of duty specified in their orders with the special considerations noted below.

5.3.3. Reserve Component members who incur or aggravate an injury or illness in the line of duty while performing active duty, active duty for training or inactive duty for training or while traveling directly to or from such duty are entitled to the medical or dental care appropriate for treatment of the condition including hospitalization or rehospitalization until the resulting disability cannot be materially improved by further treatment. Reserve Component members not on active duty orders while receiving military medical care are limited to treatment for "in line of duty" medical conditions only.

5.3.4. Treatment for acute exacerbations of an injury or illness during inactive duty training which are preexisting and not aggravated by military service or otherwise do not meet the criteria of Paragraph 5.3.2. or 5.3.3. is limited to only that necessary for the prevention of pain or undue suffering until the member can reasonably return to the control of a civilian physician, dentist, or civilian medical facility.

5.3.5. Complete elective dental care may not be available during tours of active duty or active duty for training for the correction of all dental defects which have accumulated prior to the start of a tour. A dental officer may elect to provide treatment, but may also defer. Each case is evaluated on individual merit. The criteria for elective care in one instance may not be valid in another case, even though the required clinical procedures are similar. Prosthodontic or orthodontic services may be provided according to AFI 47-101. Members accepted for initiation of prosthodontic or orthodontic treatment must have sufficient active duty retainability or reasonable expectation that the prescribed treatment can be completed before the end of the active duty tour. Continuation of treatment after expiration of active duty orders is not authorized. Issuance or extension of active duty orders for the purpose of obtaining medical/dental care is prohibited except for Line of Duty injuries. Reserve Component members serving on tours of active duty (except EAD), or active duty for training whose existing prior to service (EPTS) medical/dental defects require frequent or prolonged treatment which would result in excess absences from duty or training, or otherwise prevent the satisfactory performance of military duties, should be recommended for separation and processed under an MEB or other appropriate Reserve Component medical guidance.

5.3.6. Active duty (30 days or less) - Reserve Component members on active duty for 30 days or less may not have their orders extended to cover hospitalization beginning during a tour and extending beyond the termination of such a tour. When a Reserve Component member is hospitalized beyond the termination date of an active duty, active duty for training, or inactive duty training, his or her status is that of a reservist or guardsman not on active duty or inactive duty for training who is entitled to continued military medical/dental care if his/her medical/dental condition has been determined to be "in line of duty" (LOD) by the appropriate Reserve Component authority. This does not apply to a member serving on EAD who has been placed on medical hold by HQ AFPC/DPAMM.

5.3.7. Active duty (31 consecutive days or more) - Reserve Component members on active duty under orders for a period of 31 consecutive days or more, who are hospitalized or on medical hold beyond the original termination point of the orders shall, with the member's consent, be continued on active duty when eligible for disability processing or until final disposition of case. Members on orders for 31 consecutive days or more, who would otherwise be retained on orders due to an LOD medical/dental condition, but who elect to leave active duty, shall be entitled to medical/dental treatment in military medical treatment facilities (MTFs), upon the end of the orders in accordance with section 1074 of 10 U.S.C. (reference (c)). Members treated for an injury, illness, or disease related to an LOD disability, who later require medical treatment related to the injury, illness, or disease, are authorized medical treatment at MTFs in accordance with section 1074 of 10 U.S.C. reference (c). Members may be retained on active duty, or treated at an MTF, under that section until qualified for return to military duty. Entitlement to medical treatment under that section terminates when the resulting incapacitation cannot be materially improved by further hospitalization or treatment, and the case has been processed and finalized through the Disability Evaluation System (DES).

5.3.7.1. Members who are hospitalized or on medical hold beyond the original termination point of the orders shall, with the members consent, be continued on active duty until final disposition of the case or until qualified for return to military duty. The responsibility for authorizing extension of military orders rests with the approval authority of the member's original orders. Active duty or Reserve Component medical units do not authorize extension of military orders.

5.3.8. Medical care is not authorized at government expense beyond the training period for an injury or disease incurred not LOD. Make every attempt possible to make a line of duty determination prior to the individual completing his or her tour of duty. If an LOD determination cannot be made before the tour of duty ends, and the individual requires hospitalization beyond the tour period, care is at government expense until a final determination is made and the individual is notified of the final LOD determination. If the final determination is LOD-No -, ensure the member has been notified of the decision. Document the notification in the patient's medical records, include the patient's signature when possible. Advise the patient that as of

the day of notification, care will be delivered at the FRR. If the final determination is LOD-Yes-, document the notification and advise the patient care continues at government expense.

5.3.9. Hospitalization at government expense is authorized in conjunction with MEB or PEB action.

5.3.10. Individuals who require follow-up care not in the area where the initial treatment was rendered, are referred to the closest USMTF near their home. Appropriate medical authority from the referring MTF contacts the appropriate medical authority at the receiving MTF to ensure care is delivered. The referring MTF notifies the member's supporting Reserve Component medical squadron (HQ ARPC/SGS for IMAs) of the referral action for tracking purposes. A copy of the individual's medical record is given to the patient to hand-carry to the receiving MTF.

5.3.11. Civilian medical care expenses (to include supplemental care charges) are authorized for Reserve Component members as specified in AFI 41-101.

5.3.12. Air National Guard (ANG) members on duty less than 31 days, have their care paid from the ANG appropriation through the members' AFO unless the MTF is referring the patient for supplemental care. In the later case, the MTF pays for the care.

5.3.13. Medications dispensed on a tour of active duty for training for medical conditions not incurred in the line of duty, will be sufficient only for the length of the tour or until civilian medical care can reasonably be obtained after termination of the tour.

5.3.14. Reserve Component members are authorized prosthetic devices, hearing aids, or orthopedic footwear for those injuries or diseases incurred or contracted in the line of duty. Spectacles are authorized for certain personnel under AFI 44-177. Military orthopedic footwear may be authorized for those Reserve Component members performing IADT who meet an MEB for EPTS condition and are retained. Military orthopedic footwear may also be authorized for Reserve Component members if required for the performance of military duties and the individual is medically qualified for worldwide service.

5.3.15. Pregnant women are not provided delivery services or maternity care past the end of an active duty or active duty for training tour except those members who are on an EAD tour and authorized maternity care according to Paragraph 6. If an individual begins childbirth during an active duty tour and her orders terminate while in the MTF, she and her newborn are charged the full reimbursement rate for each day past the expiration of orders. Transfer the member to a civilian medical facility as soon as possible. If an individual is hospitalized for delivery during an inactive duty tour, charge the mother and newborn the FRR for the entire period and transfer the mother and child to a civilian medical facility as soon as possible. Reserve Component members are not authorized issuance or extension of orders for the purpose of obtaining maternity care at government expense (even if on active duty orders for 31 consecutive days or more). Pregnancy is not considered to be a medical condition for the purposes of an LOD determination.

5.3.16. Individuals who are hospitalized beyond their training period and appear disqualified for further service because of an injury or disease incurred or contracted in the line of duty, should meet a Medical Evaluation Board (MEB). Under these circumstances, transfer Army personnel to an Army MTF, and Navy or Marine Corps personnel to a Navy MTF, by requesting an exception to regulating policy through GPMRC. Contact HQ USAF/SGMA for assistance if necessary.

5.3.17. Reserve Component members not on active duty tours may be given a required periodic medical examination in an active duty MTF when a Reserve Component medical unit is not available. Periodic exams are covered under AFI 48-123. Reserve Component members may go to an active duty MTF for specialty consultation and diagnostic laboratory tests to evaluate abnormal findings on initial physical examinations and/or to determine their medical qualification for continued military duty or continued special operational duty. Individual mobilization augmentees are assigned to active duty units and receive all their medical support from the active duty MTF where they are assigned. Aerospace medicine consultant services for a Reserve Component member is authorized under AFI 48-101.

5.3.18. Surgical corrections of EPTS defects are not authorized under ordinary circumstances (personnel on EAD are addressed under the provisions of AFI 44-102 and AFI 48-123). If the condition is likely to be aggravated by or interfere with the performance of military service, the member should be recommended for separation and processed under an MEB or other appropriate Reserve Component medical guidance. Surgical procedures of EPTS conditions may be performed under circumstances where it is required to save life, limb, sight, or prevent undue suffering.

5.3.19. Notify the Reserve Component member's commander and supporting Reserve Component medical unit or HQ ARPC/SGS for IMAs when a member is hospitalized or rehospitalized. Provide the following information: name, rank, SSN, diagnosis, if injured the nature of the injury, and whether or not the individual is attached to a school for training.

Table 5. Not required.

6. Former Active Duty Females. Authority for those with honorable discharges is the 1951 Tri-Service Agreement. Those with other types of discharges fall within the Secretary of the Air Force Designee Program (10 U.S.C. sec 8013).

6.1. Category Definition.

6.1.1. Females who were members of the uniformed service, discharged under honorable conditions, were pregnant upon discharge, and are not eligible for care as a dependent.

- 6.1.2. Females who were members of the uniformed service and discharged under other-than-honorable conditions when care has been authorized by the general court-martial authority as outlined in Paragraph 6.3.7.
- 6.1.3. It does not include individuals who were determined by medical authorities to be pregnant upon entrance on active duty and are being discharged from service for that reason.
- 6.1.4. Individuals who are married to an active duty member should not apply for benefits under this Paragraph since they are authorized care as a family member.
- 6.1.5. Individuals must present a DD Form 214, Discharge Certificate, to apply for care under this Paragraph.
- 6.1.6. Maternity care under this Paragraph is authorized for Reserve Component members discharged or relieved from EAD. It does not include maternity care after release from IADT, ADT, AT, ADS, or TTAD tours.
- 6.1.7. Individuals must not have an insurance plan that provides OB care.
- 6.2. General Entitlements. Care is limited to obstetrical care as outlined in Table 6.
- 6.3. Special Considerations:
- 6.3.1. Care is limited to prenatal and delivery, as well as follow-up care as required not to exceed six weeks. In those cases where complications arise and the patient requires definitive inpatient care post delivery, provide the care required. Terminate care or transfer the patient to an appropriate civilian medical treatment facility at the six week point. If complications were the result of MTF intervention in the treatment of the patient, Secretary of the Air Force Designee status may be applied for in accordance with AFI 41-115, chapter 2, under the provisions of "Best Interest of the Air Force". The MTF commander is responsible for seeing that this extended care provision is not abused.
- 6.3.2. Individuals must request care by applying to the MTF commander. Request must include a copy of the individual's discharge or separation papers. If approved, inform the individual that any maternity care in a civilian medical facility is at her own expense. Further, if at any time during the management of her maternity care it becomes necessary to transfer her to a civilian MTF because care required is beyond the capability of the MTF, all costs, to include aeromedical evacuation, are at the individual's expense. Before providing care, the individual must acknowledge receipt and understanding of these provisions by signing a statement that explains these facts and includes "I understand that if at any time during the management of my maternity care it becomes necessary for the Air Force hospital to transfer me to a civilian medical facility for care beyond the Air Force hospital's capability, I am responsible for the expense of all civilian medical care provided." File a copy of the signed statement in the individual's inpatient health record. The patient must be advised that she should apply for Secretarial Designee status for her newborn, otherwise the newborn becomes a pay patient at the Full Reimbursement Rate. See Paragraph 26.
- 6.3.3. Use of supplemental care is limited to diagnostic tests associated with maternity care when not available in the MTF and the Air Force maintains case management.
- 6.3.4. Post partum sterilization is authorized when performed during the obstetrical admission.
- 6.3.5. Care includes induced abortion within the policies established by AFI 44-102 and includes an outpatient examination no later than six weeks after the procedure.
- 6.3.6. Reserve Component members who apply for maternity care upon release from a tour of extended active duty that do not meet the requirements of Paragraph 6.1.6., are advised that continuing maternity care is not authorized at government expense and that they must seek health care from a civilian provider of their choice.
- 6.3.7. Active duty women who are separated under other than honorable conditions, may be extended care under this Paragraph when the following conditions are met:
- 6.3.7.1. The care is authorized under limited approval authority granted by the Secretary of the Air Force to the general court-martial convening authority (whether the person was court-martialed or administratively separated). This limited approval authority is provided to help discharge authorities separate individuals from active duty who might be kept on active duty solely because of pregnancy and in the face of evidence that would otherwise result in separation. The MTF commander should provide supporting information to the convening authority to assist in deliberations. Individuals extended benefits under this provision must be reported as Secretary of the Air Force designees annually in the log outlined in AFI 41-115, attachment 3, by the medical facility providing treatment. The following guidelines are used in determining whether to extend this benefit:
- 6.3.7.1.1. The care is granted only as an exception, not as a general rule.
- 6.3.7.1.2. Consider whether medical continuity of care is an issue (i.e. the same facility providing prenatal care will also perform delivery).
- 6.3.7.1.3. Consider whether the individual has alternate resources for providing the care (i.e. child's father, court order for payment of maternity care, major medical coverage, other government benefits program, other family members).
- 6.3.7.1.4. The general health of the mother.
- 6.3.7.1.5. Other factors which might be considered reasonable.
- 6.3.7.2. Under this paragraph, the court-martial authority is only authorizing the individual to apply for the benefit. The individual must then apply to the MTF commander for treatment under Paragraph 6.3.2.
- 6.3.8. See Paragraph 26 for benefits for newborns of this category of beneficiary.

Table 6. Former Active Duty Females.

	A	B	C
RULE 12	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	1 direct care, outpatient	yes, if related to the pregnancy	na
	2 direct care, inpatient		SR
	3 CHAMPUS	no	na
	4 supplemental care-non-CHAMPUS	for diagnostic tests only	
	5 supplemental care-CHAMPUS	no	
	6 aeromedical evacuation	yes	
	7 dental care	no	
	8 USTF care		
	9 emergency care, outpatient	yes, if related to the pregnancy	
	10 emergency care, inpatient		
	11 immunizations	no	na
	12 prosthetic devices		

7. Retired Personnel. USAF, USA, USN, USMC. Authority is 10 U.S.C. Chapter 55, 31 U.S.C. 1535, Executive Order (EO) 11733

7.1. Category Definition. Commissioned and warrant officers, and enlisted personnel, of the Army, Navy, Air Force, and Marine Corps, who are retired from active duty or their Reserve Components, and receiving retired, retainer or equivalent pay. It includes members on the Temporary Disability Retired List (TDRL) and those individuals who were medically retired from active duty drawing retired, retainer, or equivalent pay.

7.2. General Entitlements. See Table 7.

7.3. Special Considerations:

7.3.1. Collect the SR from officers, nothing from enlisted. If a retiree has health insurance, bill the insurance company the full-reimbursement rate prescribed by the Comptroller. Any amount the insurance company refuses to pay is not billed to the patient. If the insurance company does not pay, bill the patient the SR.

7.3.2. Dental care is not authorized in a USTF.

Table 7. Retired Personnel: USAF, USA, USN, USMC.

	A	B	C
R U L E 1 2 3 4	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	na
	direct care, inpatient		see paragraph 7.3.1
	CHAMPUS		na
	supplemental care-non-CHAMPUS	for diagnostic tests only	

5	supplemental care-CHAMPUS	yes	
6	aeromedical evacuation		
7	dental care		
8	USTF care	see paragraph 7.3.2	
9	emergency care, outpatient	yes	
10	emergency care, inpatient		see paragraph 7.3.1
11	immunizations		na
12	prosthetic devices		

8. Retired Personnel. USCG, USPHS, NOAA. Authority is 10 U.S.C. 1074, 31 U.S.C. 1535, EO 11733.

8.1. Category Definition. Commissioned officers and warrant officers of the US Public Health Service, Coast Guard, or National Oceanic and Atmospheric Administration and enlisted personnel of the Coast Guard who are retired from active duty or its reserve components and receiving retired, retainer or equivalent pay. It includes members on the Temporary Disability Retired List (TDRL) and those individuals who were medically retired from active duty drawing retired, retainer, or equivalent pay.

8.2. General Entitlements. See Table 8.

8.3. Special Considerations:

8.3.1. If a retiree has health insurance, bill the insurance company the full-reimbursement rate prescribed by the Comptroller. Any amount the insurance company refuses to pay is not billed to the patient.

8.3.2. Dental care is not authorized in a USTF.

8.3.3. USPHS and NOAA are billed directly to the PHS by the MTF. Forward a SF1080 along with the DD 7/7A to: USPHS Division of Commissioned Personnel, Medical Affairs Branch, Room 4C-06, 5600 Fishers Lane, Rockville MD 20857.

8.3.4. Reimbursement for A/E required for USPHS and NOAA. Enter the pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 8. Retired Personnel: USCG, USPHS, NOAA.

	A	B	C	D	E
R U L E	If the general benefit is	and the patient is entitled to the benefit	then charge	and collect	and prepare
1	direct care, outpatient	yes	IAOPR	for USCG centrally by HQ USAF/SGMC, see para 8.3.3.	DD Form 7a
2	direct care, inpatient		see note below		DD Form 7
3	CHAMPUS	no	na	na	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only			
5	supplemental care-CHAMPUS	yes			
6	aeromedical evacuation		see paragraph 8.3.3.	see paragraph 8.3.3.	
7	dental care		IAOPR	same as Rule 1	DD Form 7a

8	USTF system	see paragraph 8.3.2.	na	na	na
9	emergency care, outpt	yes	IAOPR	same as Rule 1	DD Form 7a
10	emergency care, inpt		IAR, see note	same as Rule 2	DD Form 7
11	immunizations		na	na	na
12	prosthetic devices				

NOTE: DD Form 7 should reflect the IAR/DRG.

9. Former Active Duty and Their Family Members Under the Transitional Assistance Management Program (TAMP). Authority is P.L. 102-190, P.L. 102-484, and Title 10, Chapter 58.

9.1. Category Definition. Individuals within this category are:

9.1.1. Former military members and their families who have voluntarily separated under the Special Separation Benefit (SSB) and Voluntary Separation Incentive (VSI) programs after 5 December 1991.

9.1.2. Former members and their families who were involuntarily separated with a separation program designator (SPD) code that conveys transition benefits.

9.2. General Entitlements. See Table 9.

9.3. Special considerations:

9.3.1. All individuals eligible for TAMP benefits are charged at the “dependent of active duty” rate for inpatient care. Outpatient care is free. All care is on a space-available basis.

9.3.2. The TAMP ID card will have the date the person’s benefits expire. Check this date carefully.

9.3.3. Elective surgery should not be furnished if appropriate follow up care within their remaining period of eligibility cannot be provided.

9.3.4. Space-available care only; emergency dental care to prevent pain and suffering.

9.3.5. Use USTF as a referral source only. Family members already enrolled in a USTF plan may continue until their TAMP benefits expire.

9.3.6. Under 10 U.S.C., section 1077b, the following types of care are not provided:

9.3.6.1. Domiciliary or custodial care.

9.3.6.2. Prosthetic devices, hearing aids, orthopedic footwear and spectacles.

9.3.7. The following care is provided: artificial limbs and artificial eyes, elective correction of minor dermatological blemishes or marks or minor anatomical anomalies.

Table 9. TAMP Eligibles.

	A	B	C
R U L E	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
1	direct care, outpatient	yes	na
2	direct care, inpatient		FMR
3	CHAMPUS		na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	see paragraph 9.3.4.
5	supplemental care-CHAMPUS	yes	
6	aeromedical evacuation		
7	dental care		
8	USTF care	no	see paragraph 9.3.5.

9	emergency care, outpatient	yes	na
10	emergency care, inpatient		FMR
11	immunizations		na
12	prosthetic devices	no	see paragraph 9.3.6.2

10. Members of the Soldiers' and Airman's Home. Authority is 10 U.S.C. 8013.

10.1. Category Definition. Individuals who reside at the Soldiers' and Airman's home in Washington, DC, and are not retirees, not family members of a retiree, or not another category of beneficiary. Individuals will have an identification card issued by the Soldiers' and Airman's Home (USSAH Form 157A).

10.2. General Entitlements. See Table 10.

10.3. Special Considerations:

10.3.1. Treat an individual under this Paragraph when requested or referred by the Director of Base Medical Services (King Health Center).

10.3.2. Rates for care are established by an agreement between the Secretaries of the Air Force and Army. Care is limited to MTFs at the Andrews and Bolling AFBs, Ft. Belvoir, Ft. Meade, Ft. Myer, Ft. McNair, Ft. Detrick, and Walter Reed Army Medical Center.

10.3.3. Reimbursement required for A/E. Movement authorized as VA beneficiary. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 10. Residents of the Soldiers' and Airman's Home.

	A	B	C
R U L E 1 2 3 4 5 6 7 8 9 10 11 12	If the general benefit is	and the patient is entitled to the benefit (direct referral)	then collect the charges centrally
	1 direct care, outpatient	yes, see paragraph 10.3.2.	na
	2 direct care, inpatient		SR, submit DD Form 7 to HQ USAF/SGMC
	3 CHAMPUS	no	na
	4 supplemental care-non-CHAMPUS	for diagnostic tests only	
	5 supplemental care-CHAMPUS	no	
	6 aeromedical evacuation	yes	see paragraph 10.3.3.
	7 dental care		na
	8 USTF care		
	9 emergency care, outpatient	yes	
	10 emergency care, inpatient		SR, submit DD Form 7 to HQ USAF/SGMC
	11 immunizations		na
	12 prosthetic devices		at Government cost

11. Veterans Affairs Beneficiaries. Authority is 38 U.S.C.

11.1. Category Definition. Individuals eligible for VA benefits as determined by the VA who are not retired (medically, those on the Temporary Disability Retired List, or otherwise retired for completing at least 20 years of service) from the uniformed services, and have an official request from the VA.

11.2. General Entitlements. See Table 11.

11.3. Special Considerations:

11.3.1. Submit an SF 1080 supported by a DD Form 7 or 7a and letter of authorization as required to collect charges.

11.3.2. If a VA-DOD sharing agreement is in effect, the agreement takes precedence over this Paragraph.

11.3.3. If a VA beneficiary is admitted, notify the responsible VA field station within 72 hours and request written authorization and discharge instructions. Notification should include a copy of the individual's discharge certificate, order for release from active duty under other than dishonorable conditions, or evidence of receipt of VA compensation or discharge for disability incurred/aggravated in the line of duty.

11.3.4. Routine or nonemergent VA patients may be granted space on aeromedical evacuation flights for transfer to/from either a VA facility or a civilian hospital. Referred VA patients are not billed for movement; GPMRC bills the VA monthly. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

11.3.5. VA beneficiaries traveling overseas may be provided care in DOD MTFs for service connected disabilities upon presentation of a signed VA authorization. Responsibility for authorizing care overseas rests with the Director, Outpatient Clinic, US VA Regional Office, APO AP 96528 for the Republic of the Philippines, and the VA Medical Center, 50 Irving St. NW, Wash DC 20422 for all other countries. If individuals are admitted without prior approval, seek approval from the appropriate agency and request discharge instructions. If post-admission approval is not granted, charge individuals the interagency rate unless they qualify for care under another provision of AFI 41-115 or this AFH.

Table 11. VA Beneficiaries.

	A	B	C
R U L E 1 2 3 4 5 6 7 8 9 10 11 12	If the general benefit is	and the patient is entitled to the benefit (official DVA request)	then collect the charges locally from the VA Regional Office
	direct care, outpatient	yes	IAOPR
	direct care, inpatient		IAR
	CHAMPUS	no	na
	supplemental care-non-CHAMPUS		
	supplemental care-CHAMPUS		
	aeromedical evacuation	yes	see paragraph 11.3.4.
	dental care		dental rate
	USTF care	no	na
	emergency care, outpatient	yes	IAOPR
	emergency care, inpatient		IAR
	immunizations	no	na
	prosthetic devices		

12. Deserters and Their Family Members (Dependents). Authority is 10 U.S.C. 1074, 1076, 1076a, 1077, 1078, 31 U.S.C. 1535, 42 U.S.C.

12.1. Category Definition. An individual or family member of an individual who has been classified as a deserter by any uniformed service. It does not include individuals who are AWOL or their family members. AWOL personnel are provided care under Paragraph 1 or 2. Family members of AWOL personnel are entitled to care under Paragraph 21 or 22.

12.2. General Entitlements. Once an individual is declared a deserter, the individual and his/her family members are not entitled to health care or aeromedical evacuation in the military health care system, including CHAMPUS and USTFs.

12.3. Special Considerations. A deserter returned to military control is entitled to care under Paragraph 1 or 2. Family members would be entitled to care under Paragraph 21 or 22.

Table 12. Not required.

Section B—Health Care for Foreign Forces Members. Section B describes the extent of health care services available to foreign forces members.

13. NATO Military Personnel. Authority is DODI 1000.13, Identification (ID) Cards for Members of the Uniformed Services, their Dependents, and other Eligible Individuals, December 30, 1992; DODD 6310.7

13.1. Category Definition. Military members of NATO countries including those under the FMS or IMET programs, who are in the United States (assigned or TDY) at the official invitation of a Federal Department or Agency.

13.2. General Entitlements. See Table 13.

13.3. Special Considerations:

13.3.1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

13.3.2. Supplemental health care for Canadian and German forces personnel in the US under their respective reciprocal health care agreements is authorized at Government expense in a civilian MTF. This includes all supplemental care requested by the MTF to complete a course of treatment, e.g. diagnostic tests, consultations, and treatment.

13.3.3. Billing procedures for NATO personnel who are IMET or FMS are identified in the individual's invitational travel order (IMET charged IMET rate, FMS charged FRR). Also see special consideration in Paragraphs 15 and 16.

13.3.4. MAJCOMs with MTFs in NATO countries must supplement this paragraph with guidance on how to treat and bill NATO personnel in their MTFs in NATO countries.

13.3.5. Reimbursement is required for A/E, unless exempted under an international military reciprocal health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 13. NATO Military Personnel.

	A	B	C
R U L E	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
1	direct care, outpatient	yes	na
2	direct care, inpatient		FRR, see para 13.3.1., 13.3.3.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only, see paragraph 13.3.2.	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 13.3.5.
7	dental care		na
8	USTF care	no	FRR, see para 13.3.1.
9	emergency care, outpatient	yes	
10	emergency care, inpatient		
11	immunizations		
12	prosthetic devices		

14. Non-NATO Military Personnel. Authority is DODI 1000.13

14.1. Category Definition. Military members of non-NATO countries who are in the United States (Assigned or TDY) at the official invitation of a Federal Department or Agency and not funded under the Foreign Military Sales (FMS) or International Military Education and Training (IMET) programs. This includes individuals on the Diplomatic List or the List of Employees of Diplomatic Missions published by the State Department, individuals assigned or attached to a United States military unit for training, individuals on duty in the United States at the invitation of DOD, individuals accredited to a joint US defense board or commission. Non-NATO military members under the FMS or IMET programs on official business (assigned or TDY) who are funded through AFSAT are covered in Tables 15 and 16.

14.2. General Entitlements. See Table 14.

14.3. Special Considerations:

14.3.1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

14.3.2. Non-NATO countries who have signed up to the Partnership for Peace Status of Forces Agreement (SOFA) will receive the same medical care as NATO countries. If the country currently has an international military reciprocal health care agreement, the reciprocal agreement takes precedence.

14.3.3. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph with guidance on how to treat and bill Non-NATO personnel in MTFs in the foreign country.

14.3.4. No charge for outpatient care to individuals in the Military Personnel Exchange Program.

14.3.5. Prosthetic devices, excluding dental prostheses, are billed at the actual charge. Dental prostheses are billed at the current rate publicized by HQ USAF/SGMC.

14.3.6. Reimbursement for A/E required, unless exempted under an international military reciprocal health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 14. Non-NATO Military Personnel.

	A	B	C
R U L E 1 2 3 4 5 6 7 8 9 10 11 12	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	FOPR, see para 14.3.1., 14.3.2., 14.3.4.
	direct care, inpatient	no	na
	CHAMPUS		
	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 14.3.1., 14.3.2., 14.3.4.
	supplemental care-CHAMPUS	no	
	aeromedical evacuation	yes	see paragraph 14.3.6.
	dental care		full dental rate
	USTF care	no	na
	emergency care, outpatient	yes	FOPR, see para 14.3.1., 14.3.2., 14.3.4.
	emergency care, inpatient		FRR, see para 14.3.1., 14.3.2.
	immunizations		IR, see para 14.3.4.
	prosthetic devices		actual charge, see para 14.3.5.

15. Foreign Military Sales (FMS) Personnel (Non-NATO). Authority is DODI 1000.13.

15.1. Category Definition. Non-NATO personnel in the United States or overseas who are participating in an FMS program (part of the Security Assistance Training Program). NATO FMS participants are covered under Table 13.

15.2. General Entitlements. See Table 15.

15.3. Special Considerations:

15.3.1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

15.3.2. Billing procedures are identified in the individual's invitational travel order (ITO). If the ITO states payment is to be made under the FMS case, then send the bill to the military department sponsoring the individual. For the Air Force, this is AF Security Assistance Training (AFSAT); the address is SA DAO DE, San Antonio/IB, 2021 1st Drive West, Randolph AFB, TX 78150-4302.

15.3.3. If the MTF commander determines an FMS trainee requires medical treatment that forces discontinuance of the individual's training program for more than 30 days, notify the commander of the training facility.

15.3.4. If an FMS trainee is physically or mentally disqualified for further training, the MTF commander sends a message to: AFSAT, RANDOLPH AFB TX//CC// with an information copy to OSAF, WASH DC//IAX//. Include the individuals name, grade, service number, home country, diagnosis, prognosis, expected time and type of disposition, and recommendation on whether return to home country is indicated. If "MINIMIZE" restrictions are in place, send the message priority and note "MINIMIZE CONSIDERED." If the patient is subsequently transferred to his or her home country, provide a complete set of medical records and ensure the patient's personal effects accompany the individual. Movement is requested by AFSAT to HQ USAF/LETTB, not by the MTF through GPMRC.

15.3.5. Dental care is limited to emergency care or that care required to keep individuals progressing in their training program. The decision as to what care is necessary rests with the Dental Squadron Commander or equivalent.

15.3.6. FMS funds will not be used to provide elective medical care. Charges for elective medical care must be reimbursed by the patient or his country.

15.3.7. Reimbursement is required for A/E unless exempted under an international military reciprocal health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 15. FMS Personnel (Non-NATO).

	A	B	C
R U L E	If the general benefit is	and the patient is entitled to the benefit	then collect these charges as specified in the individual's Invitational Travel Orders (ITO)
1	direct care, outpatient	yes	FOPR, see para 15.3.1. and 15.3.2.
2	direct care, inpatient		FRR, see para 15.3.1. and 15.3.2.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 15.3.1. and 15.3.2.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 15.3.7.
7	dental care	see para 15.3.5.	dental rate, see para 15.3.1. and 15.3.2.
8	USTF system	no	na
9	emergency care, outpatient	yes	FOPR, see para 15.3.1. and 15.3.2.
10	emergency care, inpatient		FRR, see para 15.3.1. and 15.3.2.
11	immunizations		IR
12	prosthetic devices	no	na

16. International Military Education and Training (IMET) Personnel. Authority is DODI 1000.13.

16.1. Category Definition. Non-NATO personnel in the United States or overseas on a US installation under the IMET program (part of the Security Assistance Training Program). This does not include NATO personnel who are IMET sponsored. See Paragraph 5 for these individuals.

16.2. General Entitlements. See Table 16.

16.3. Special Considerations:

16.3.1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this table.

16.3.2. Billing procedures are identified in the individual's ITO. Send the bill to the military department sponsoring the individual. For the Air Force, this is SA DAO DE, San Antonio/IG, 2021 1st Drive West, Randolph AFB, TX 78150-4301.

16.3.3. If the MTF commander determines an IMET trainee requires medical treatment that forces discontinuance of the individual's training program for more than 30 days, notify the commander of the training facility.

16.3.4. If an IMET trainee is physically or mentally disqualified for further training, the MTF commander sends a message to AFSAT RANDOLPH AFB TX//CC// with an information copy to OSAF WASH DC//IAX//. Include the individual's name, grade, service number, home country, diagnosis, prognosis, expected time and type of disposition, and recommendation on whether return to home country is indicated. If "MINIMIZE" restrictions are in place, send the message priority and note "MINIMIZE CONSIDERED." If the patient is subsequently transferred to his or her home country, provide a complete set of medical records and ensure the patient's personal effects accompany the individual. Movement is requested by AFSAT to HQ USAF/LETTB, not by the MTF through GPMRC.

16.3.5. Dental care is limited to emergency care and care required to keep an individual progressing in their training program. The decision as to what care is necessary rests with the Dental Squadron Commander or equivalent.

16.3.6. IMET funds will not be used to provide elective medical care. Charges for elective medical care must be reimbursed by the patient or his country.

16.3.7. Reimbursement is required for A/E, unless exempted under an international military reciprocal health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 16. IMET Personnel (Non-NATO).

	A	B	C
RULE 1	If the general benefit is direct care, outpatient	and the patient is entitled to the benefit yes	then collect these charges as specified in the individual's Invitational Travel Orders (ITO) IMET rate, see paragraphs 16.3.1. and 16.3.2.
2	direct care, inpatient		
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	IMET rate, see paragraphs 16.3.1. and 16.3.2.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 16.3.7.
7	dental care	see paragraph 16.3.5.	IMET rate
8	USTF care	no	na
9	emergency care, outpatient	yes	sames as Rule 1/2
10	emergency care, inpatient		
11	immunizations		IMET rate
12	prosthetic devices	no	na

17. Aviation Leadership Program (ALP) Participants. Authority is 10 U.S.C., Chapter 905.

17.1. Category Definition. Personnel in the United States who are participating in the Aviation Leadership Program (ALP), an AF Undergraduate Pilot Training (UPT) Scholarship program (part of the Security Assistance Training Program). While in the US they will also participate in other training such as the English Language Program at the Defense Language Institute and UPT and necessary related training.

17.2. General Entitlements. See Table 17.

17.3. Special Considerations:

17.3.1. ALP students are provided medical/dental care without charge. If family members accompany the ALP student, the student or his government must defray all associated costs; charge the family member the full reimbursement rate for direct and emergency care. Billing procedures are identified in the individual's invitational travel order (ITO).

17.3.2. If the MTF commander determines an ALP student requires medical treatment that precludes start or successful completion of the program, contact OSAF/IAX, 1080 Air Force Pentagon, Wash DC 20330-1080, DSN 227-8399, for further instructions.

17.3.3. Dental care is limited to that care required to keep individuals progressing in their training program. Family members are limited to emergency treatment only at the full reimbursement rate.

17.3.4. Elective medical care will not be provided to ALP participants or their family members.

17.3.5. Reimbursement is not required for A/E. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 17. ALP Participants.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes, see paragraph 17.3.1.	na
	direct care, inpatient		SR
	CHAMPUS	no	na
	supplemental care-non-CHAMPUS	for diagnostic tests only	
	supplemental care-CHAMPUS	no	
	aeromedical evacuation	yes	see paragraph 17.3.6.
	dental care		na, see para 17.3.3.
	USTF care	no	na
	emergency care, outpatient	yes	see paragraph 17.3.1.
	emergency care, inpatient		
	immunizations		
	prosthetic devices	no	na

18. Foreign Prisoners of War. Authority is the Geneva Convention

18.1. Category Definition. Non-US personnel held by the United States or allied forces under the Geneva Convention as prisoners of war or detainees.

18.2. General Entitlements. See Table 18. There is no charge for these individuals' care.

Table 18. Prisoners of War and Detainees.

R U L E 1	A	B
	If the general benefit is	and the patient is entitled to the benefit
	direct care, outpatient	yes
2	direct care, inpatient	
3	CHAMPUS	no
4	supplemental care-non-CHAMPUS	for diagnostic tests only
5	supplemental care-CHAMPUS	no
6	aeromedical evacuation	yes
7	dental care	
8	USTF system care	no
9	emergency care	yes
11	immunizations	
12	prosthetic devices	

19. Foreign Military Personnel Overseas. Authority is DODI 1000.13, EO 11733, DODD 6310.7

19.1. Category Definition. Non-US military personnel and their family members outside the 50 states and the District of Columbia. This does not include FMS or IMET active duty members.

19.2. General Entitlements. See Table 19.

19.3. Special Considerations:

19.3.1. In-theater agreements take precedence over this Paragraph.

19.3.2. Health care/transportation will not be provided if these services are available from the parent country.

19.3.3. No charge for outpatient care to military personnel in the Military Personnel Exchange Program and accompanying family members. For health care for other foreign military personnel overseas refer to paragraphs 13, 14, 29, or 30.

19.3.4. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261. In accordance with DODI 4515.13R, Nov 94.

Table 19. Foreign Military Personnel Overseas.

R U L E 1	A	B	C
	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	see paragraph 19.3.2.	FOPR, see paragraph 19.3.3.
2	direct care, inpatient	no	na
3	CHAMPUS		
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 19.3.3.
5	supplemental care-CHAMPUS	no	na

6	aeromedical evacuation	see paragraph 19.3.2.	see paragraph 19.3.4.
7	dental care	emergency only	dental rate
8	USTF care	no	na
9	emergency care, outpatient	see paragraph 19.3.2.	FOPR, see paragraph 19.3.3.
9	emergency care, inpatient		FRR
10	immunizations		IR
11	prosthetic devices	no	na

20. Foreign Nationals Associated with the On-Site Inspection Agency (OSIA). Authority is Intermediate-Range Nuclear Force (INF) Treaty, Open Skies Treaty (Iplan), Threshold Test Ban Treaty, Conventional Armed Forces Treaty, Strategic Arms Reduction Treaty (START) and Chemical Weapons Convention Treaty and Memorandum for Director, OSIA, Subject: Health Care in Connection with OSIA Activities, 28 Jun 93.

20.1. Category Definition. Foreign nationals in the U.S. in connection with or at the invitation of the OSIA.

20.2. General Entitlements. See Table 20.

20.3. Special Considerations:

20.3.1. If there is a special agreement (Comparable Care or other) between the U.S. and the individual's country and the individual is stationed in the U.S., then the agreement takes precedence over this Paragraph.

20.3.2. Send bills to OSIA (FMA), 300 West Service Road, Dulles International Airport, P.O. Box 17498, Washington DC 20041-0498.

20.3.3. Emergency dental care only.

20.3.4. A/E is authorized from inspected location to the closest point of entry. Reimbursement required. Enter pertinent information into DMRIS or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

20.3.5. OSIA is responsible for all civilian medical care charges.

Table 20. Foreign Nationals Associated with OSIA.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect the charges from the individual or OSIA
	direct care, inpatient and outpatient (stationed in US)	yes	IAR
	2 direct care, inpatient and outpatient (TDY in US)	no	na
	3 CHAMPUS		
	4 supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 20.3.3.
7	dental care	see paragraph 20.3.2.	IAR
8	USTF care	no	na
9	emergency care, outpatient	yes	IAOPR
10	emergency care, inpatient		IAR

11	immunizations		IR
12	prosthetic devices	no	na

Section C—Health Care for Current and Former Uniformed Service Family Members. *The information provided in Section C pertains to authorized health care for family members (dependents) of current and former active duty members of the Uniformed Services and associated charges.*

21. Family Members (Dependents). USAF, USA, USN, USMC. Authority is 10 U.S.C. 1076, 1077, 1078; 31 U.S.C. 1535.

21.1. Category Definition. A family member (dependent, as defined in AFI 36-3001) and surviving family members of a former reserve component member if the member was eligible for retired pay and died before age 60, of an officer, warrant officer, or enlisted member of the Air Force, Army, Navy or Marine Corps, whose sponsor is/was: an active duty member; a member who died while on active duty; a retired member; a member who died while in retired status; a member on the Temporary Disability Retired List; a member of a reserve component called to active duty or Federal service for more than 30 days; under sentence to a punitive discharge until the discharge is executed; a member of a reserve component called into Federal service who died from an injury or illness incurred or aggravated while performing duty or while traveling to or from the place of duty (according to PL 99-145, this applies to those individuals whose sponsor died after 30 September 1985).

21.2. General Entitlements. See Table 21.

21.3. Special Considerations:

21.3.1. The health insurance carrier of a family member who has a private health insurance plan is billed the full reimbursement rate as prescribed by the DoD Comptroller. Any amount the insurance carrier refuses to reimburse is not charged to the patient. If the insurance company does not pay, bill the patient the family member rate.

21.3.2. Care (including dental) is provided on a space-available basis only.

21.3.3. Parents and parent-in-law lose their eligibility only when the sponsor fails to establish dependency when the ID card is renewed or when the sponsor takes action to eliminate their eligibility. A former spouse is not entitled to care under this paragraph (see Paragraph 24).

21.3.4. Parents and parents-in-law are not entitled to CHAMPUS benefits.

21.3.5. Overseas, active duty family members are authorized reimbursement for certain expenses associated with patient transfer according to the Joint Federal Travel Regulations, Paragraph U5240G.

21.3.6. Children do not lose their entitlement due to the divorce of their parents as long as the sponsor remains entitled to care, and the children do not otherwise lose their eligibility under the guidance in AFI 41-115.

21.3.7. Children under 21 years (or 23 if enrolled full time in college) who marry an individual who is not entitled to privileges under the Military Health Services System (MHSS), lose their entitlement to care. However, if the marriage is terminated, the child is once again entitled to medical privileges.

21.3.8. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

21.3.8.1. Domiciliary or custodial care.

21.3.8.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and at stations inside the United States where adequate civilian facilities are unavailable, such items may be sold to family members at cost to the United States. Artificial limbs and artificial eyes may be provided.

21.3.8.3. The elective correction of minor dermatological blemishes, marks or minor anatomical anomalies.

21.3.9. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the cost exceeds \$250, the patient may be given the option of reimbursing the government for the amount over the \$250. In unusual circumstances, a refitting may be required and a reissue warranted. Only MTF commanders may authorize a reissue and they must certify the reissue as medically indicated.

21.3.10. Family members enrolled in the TRICARE Active Duty Family Member Dental Program are provided emergency dental care not to exceed that care provided by the program.

21.3.11. Dental care is not authorized in a USTF.

21.3.12. Family members whose sponsor has been notified of a PCS to an overseas location must complete AF Form 1466, Request for Family Member's Medical and Education Clearance for Travel. Those family members not enrolled in the TRICARE Active Duty Family Member Dental Program must have an overseas clearance examination completed at the nearest MTF and the findings of the examination documented in section VI, AF Form 1466.

21.3.13. See Paragraph 27 for benefits for newborns of dependent daughters.

Table 21. Family Members: USAF, USA, USN, USMC.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	na
	direct care, inpatient		FMR
	CHAMPUS		na
	supplemental care-non-CHAMPUS	for diagnostic tests only	
	supplemental care-CHAMPUS	yes	
	aeromedical evacuation		
	dental care	see para 21.3.10., 21.3.11., 21.3.12	
	USTF care	see paragraph 21.3.11.	
	emergency care, outpatient	yes	
	emergency care, inpatient		FMR
	immunizations		na
	prosthetic devices	no	see paragraph 21.3.8.2.

22. Family Members (Dependents). USCG, USPHS, NOAA. Authority is 10 U.S.C. 1076, 1077, 1078; 31 U.S.C. 1535.

22.1. Category Definition. Family members (dependents) and family members of a former reserve component member if the member was eligible for retired pay, died before age 60, and elected to participate in the Reserve Component Survivor Benefit Program, of an officer or warrant officer of the Coast Guard, US Public Health Service, or National Oceanic and Atmospheric Administration, or an enlisted member of the Coast Guard whose sponsor is/was: an active duty member; a member who died while on active duty; a retired member; a member who died while in retired status; a member on the Temporary Disability Retired List; a member of a Reserve Component called to active duty for more than 30 days; under sentence to a punitive discharge until the discharge is executed a member of Reserve Component called into federal service who died from an injury or illness incurred or aggravated while performing duty or while traveling to or from the place of duty (according to PL 99-145, this applies to those individuals whose sponsors died after 30 September 1985).

22.2. General Entitlements. See Table 22.

22.3. Special Considerations:

22.3.1. The health insurance carrier of a family member who has a private health insurance plan is billed the full reimbursement rate as prescribed by the DoD Comptroller. Any amount the insurance carrier refuses to reimburse is not charged to the patient. The patient is billed the family member rate if the insurance company does not pay.

22.3.2. Care (including dental) is provided on a space-available basis only.

22.3.3. Parents and parents-in-law lose their eligibility only when the sponsor fails to establish dependency when the ID card is renewed, or when the sponsor takes action to eliminate their eligibility. A former spouse is not entitled to care under this paragraph (see Paragraph 24).

22.3.4. Parents and parents-in-law are not entitled to CHAMPUS benefits.

22.3.5. Active duty family members overseas are authorized reimbursement for certain expenses associated with patient transfer according to the Joint Federal Travel Regulations, Paragraph U5240G.

22.3.6. Children do not lose their entitlement due to the divorce of their parents so long as the sponsor remains entitled to care, and the children do not otherwise lose their eligibility under the guidance in AFI 41-115.

22.3.7. Children under 21 years (or 23 if enrolled in college) who marry an individual who is not entitled to privileges under the Military Health Services System (MHSS), lose their entitlements to care. However, if the marriage is terminated, the individual is once again entitled to medical privileges.

22.3.8. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

22.3.8.1. Domiciliary or custodial care.

22.3.8.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and at stations inside the United States where adequate civilian facilities are unavailable, such items may be sold to family members at cost to the United States.

22.3.8.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies, however, artificial limbs and artificial eyes may be provided.

22.3.9. Women are authorized a post mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the cost exceeds \$250, the patient may be given the option of reimbursing the government for the amount over the \$250. In unusual circumstances, a refitting may be required and a reissue warranted. Only MTF commanders may authorize a reissue and they must certify the issue as medically indicated.

22.3.10. Family members enrolled in the TRICARE Active Duty Family Member Dental Program are provided emergency dental care not to exceed that care provided by the insurance program.

22.3.11. Dental care is not authorized in a USTF.

22.3.12. USPHS and NOAA are billed directly to the PHS by the MTF. Forward a SF1080 along with the DD 7/7A to: USPHS Division of Commissioned Personnel, Medical Affairs Branch, Room 4C-06, 5600 Fishers Lane, Rockville MD 20857.

22.3.13. Reimbursement for A/E required for USPHS and NOAA. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

22.3.14. Family members whose sponsor has been notified of a PCS to an overseas location must complete AF Form 1466, Request for Family Member's Medical and Education Clearance for Travel. Those family members not enrolled in the TRICARE Active Duty Family Member Dental Program must have an overseas clearance examination completed at the nearest MTF and the findings of the examination documented in section VI, AF Form 1466.

22.3.15. See Paragraph 27 for benefits for newborns of dependent daughters.

Table 22. Family Members: USCG, USPHS, NOAA.

R U L E	A	B	C	D	E
	If the general benefit is	and the patient is entitled to the benefit	then charge	and collect	and prepare
1	direct care, outpatient	yes	IAOPR	centrally by HQ USAF/SGMC, see para 22.3.11.	DD Form 7a
2	direct care, inpatient		IAR/DRG		DD Form 7
3	CHAMPUS		na	na	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	see paragraph 22.3.12.	see paragraph 22.3.12.	
5	supplemental care-CHAMPUS	yes			
6	aeromedical evacuation				
7	dental care	see para 22.3.9., 22.3.10., 22.3.12.	dental rate	same as Rule 1	DD Form 7a
8	USTF system	see paragraph 22.3.10.	na	na	na
9	emergency care, outpatient	yes	IAOPR	same as Rule 1	DD Form 7a
10	emergency care, inpatient		same as Rule 2	same as Rule 2	DD Form 7

11	immunizations		na	na	na
12	prosthetic devices	no	see paragraph 22.3.7.	same as Rule 2	

23. Family Members (Dependents) of US Military Personnel Held as Prisoners of War or Detainees by Foreign Governments. Authority is OSAD(HA) Letter, 22 May 1973

23.1. Category Definition. Family members (dependents) of repatriated US military personnel who were prisoners of war or detainees whose sponsor left military service for reasons other than retirement.

23.2. General Entitlements. See Table 23..

23.3. Special Considerations:

23.3.1. Individual is eligible for care for 5 years after separation from military service and will have a statement of eligibility provided by the Assistant Secretary of Defense (Health Affairs).

23.3.2. For purposes of aeromedical evacuation, consider the individual in the same category as a family member of an active duty member.

23.3.3. For other than aeromedical evacuation, consider the individual a family member of a retiree.

23.3.4. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

23.3.4.1. Domiciliary or custodial care

23.3.4.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

23.3.4.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies

23.3.5. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the costs exceeds \$250, the patient may be given the option of reimbursing the government for the amount over \$250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a reissue and they must certify the reissue as medically indicated.

23.3.6. Dental care is not authorized in a USTF.

23.3.7. The health insurance carrier of a family member who has a private health insurance plan is billed the FRR. Any amount the insurance carrier refuses to reimburse is not charged the patient. If the insurance company does not pay, bill the FMR.

Table 23. Family Members of Former POWS.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	na
2	direct care, inpatient		FMR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see para 23.3.2. and 23.3.3.
7	dental care	overseas only	na
8	USTF care	yes, see paragraph 23.3.6.	
9	emergency care, outpatient	yes	

10	emergency care, inpatient		FMR
11	immunizations		na
12	prosthetic devices	no	see paragraph 23.3.4.2.

24. Former Spouses. Authority is 10 U.S.C. 1072, 1086a, FY 89 Authorization Act, CHAMPUS Regulation 6010.8-R.

24.1. Category Definition. Former spouses are individuals who have a Uniformed Services identification card and have been certified by a Personnel Office as meeting the following criteria: not remarried; have no employer-sponsored health insurance.

24.1.1. Individuals must meet one of three conditions: Married 20 years to the same sponsor who had 20 years of creditable service for retired pay and the 20 years overlap (20-20-20); or married 20 years to the same sponsor who had 20 years of creditable service for retired pay and at least 15 years overlap (20-20-15); or that the period of overlap of marriage and the member's creditable service was at least 10 years and the former spouse is in receipt of an annuity as a result of the member being separated from the Service due to misconduct involving dependent abuse (10-20-10) and the divorce, dissolution or annulment occurred on or after 23 Oct 92. These individuals have limited benefits as outlined below.

24.2. General Entitlements. See Tables 21 and 22.

24.3. Special Considerations: See Paragraph 21 or 22 as appropriate for additional considerations.

24.3.1. Certain former spouses (generally know as 20-20-15) are eligible for medical care in military treatment facilities for 12 months. If eligible, the individual obtains an ID card from the MPF valid for the initial 12 months (will have "URFS 04" in item 4 of the ID card). These same individuals may purchase the conversion health insurance plan called the Continued Health Care Benefit Plan (CHCBP), for extended medical (CHAMPUS) benefits for an additional 36 months.

24.3.2. 20-20-20 and 10-20-10 unremarried former spouses are covered under paragraph 21 or 22.

24.3.3. In case of a former spouse who does not have employer-sponsored health insurance but purchased private health insurance, the health insurance carrier is billed the full reimbursement rate. Any amount the insurance carrier refuses to reimburse will not be charged to the patient. If it is determined that the insurance plan is an employer-sponsored plan, the individual is not entitled to care in a military MTF under this paragraph since they do not meet the criteria for this beneficiary category (see Paragraph 24.1).

24.3.4. All un-remarried former spouses are eligible to purchase CHCBP.

24.3.5. The date of final divorce decree impacts eligibility. See DoD 6010.8-R, chapter 3, paragraph B.2.b.

Table 24. Not required.

25. Family Members (Dependents) of Reserve Component (RC) Members. Authority is 10 U.S.C. 8013, ASD(HA) memo, 4 Aug 88.

25.1. Category Definition. Spouses of RC members whose sponsor is on active duty for less than 30 days and tests positive for HIV. In addition, the spouse must be cohabitating with the sponsor. Spouses of RC members on active duty for more than 30 days are covered under Paragraph 10 or 11.

25.2. General Entitlements. Individuals are authorized initial preventive medicine counseling and serologic testing.

25.3. Special Considerations:

25.3.1. Individuals provided care under this Paragraph are Secretarial Designees and are given a designation letter signed by the MTF commander. Log the individual as outlined in AFI 41-115, Attachment 3, indicating "HIV-RC" under "Category."

25.3.2. The designation letter must be on letterhead. This letter is not to be used as notification of the sponsor's HIV positive test results. Notification to the spouse must be done separately. Include the following in the designation letter: patient's name; sponsor's name, rank, and SSN

25.3.2.1. A paragraph which states "As a spouse of a Reserve Component member whose sponsor is not on active duty for more than 30 days, you are authorized counseling and serologic testing related to HIV. These services may be provided in any DOD medical treatment facility. You will not be charged for these services. The Government will not pay for these services if provided by a non-DOD provider. Transportation via aeromedical evacuation is not authorized." Include information on how to make an appointment.

25.3.3. Unlike other categories of Designees, these individuals may be seen in any DOD MTF.

25.3.4. The use of supplemental care funds is not authorized to provide benefits under this Paragraph except when the MTF has all its serologic testing done by a civilian laboratory.

Table 25. Not required.

26. Newborns of Former Active Duty Females. Authority is through the mother's entitlement.

26.1. Category Definition. Newborns of former active duty females when the mother was receiving care in the MTF under Paragraph 6.

26.2. General Entitlements. See Table 26.

26.2.1. Care is only authorized in conjunction with delivery to include a post partum well-baby check and related immunizations. Care will be at the FOPR/FRR unless Secretarial Designee status has been requested by the former active duty member. If approved, charges will be at the family member rate. See Paragraph 6. MTF commanders have been delegated Secretarial Designee approval authority.

26.2.1.1. Medical care is limited to MTF from time of birth to initial discharge, one well-baby exam with related immunizations; no aeromedical evacuation; and transfer to another MTF is NOT authorized.

26.3. Special Considerations. Ensure that the mother understands children may not be transferred to another DOD MTF.

Table 26. Newborns of Former Active Duty Females.

	A	B	C
R U L E 1 2 3 4 5 6 7 8 9 10 11 12 	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	see paragraph 26.2.1., 26.2.1.1.	FOPR, see para 26.2.1.
	direct care, inpatient		FRR, see para 26.2.1.
	CHAMPUS	no	na
	supplemental care-non-CHAMPUS	for diagnostic tests only	
	supplemental care-CHAMPUS	no	
	aeromedical evacuation		
	dental care		
	USTF care		
	emergency care, outpatient	see paragraph 26.2.1.	FOPR
	emergency care, inpatient		FRR
	immunizations		IR, see para 26.2.1.1.
	prosthetic devices	no	na

27. Newborns of Dependent Daughters. Authority is through the mother's entitlements.

27.1. Category Definition. These are children born to unmarried dependent daughters. If these children are adopted by their mother's sponsors, the children are entitled to care under Paragraph 21 or 22.

27.2. General Entitlements. See Table 27.

27.3. Special Considerations:

27.3.1. Care is only authorized in conjunction with delivery to include a post-partum well-baby check and related immunizations. Care will be at the FOPR/FRR unless Secretarial Designee status has been requested for the newborn prior to birth. If approved, charges will be at the family member rate.

27.3.1.1. Medical care is limited to MTF from time of birth to initial discharge, well-baby exam with related immunizations; no aeromedical evacuation is authorized, and transfer to another MTF is NOT authorized. MTF commanders have been given approval authority.

27.3.2. Charge the FRR if there is no proof of intent to adopt provided within 30 days nor Secretarial Designee status requested/approved. Proof of intent is a notarized, acknowledged, or photostat copy of the legal decree or other instrument that a court of law or adoption agency has issued awarding custody for the purpose of adoption.

27.3.3. If the MTF disengages care, the mother and sponsor must understand that care received in a civilian medical facility for the newborn is at the expense of the family and not the government. The mother's care would be provided under CHAMPUS. Have the mother and sponsor sign the statement in AFI 41-115, Attachment 6, modified as necessary, and file the statement in the newborn's record.

27.3.4. If there are complications that cannot be assumed by a civilian health care provider which require the MTF to provide care beyond the well-baby check, request Secretary of the Air Force Designee status under AFI 41-115, Chapter 2.

Table 27. Newborns of Dependent Daughters.

	A	B	C
R U L E 1 2 3 4 5 6 7 8 9 10 11 12	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	see paragraph 27.3.1. 27.3.1.1.,	FOPR, see para 27.3.2.
	direct care, inpatient		FRR
	CHAMPUS	no	na
	supplemental care-non-CHAMPUS	for diagnostic tests only	
	supplemental care-CHAMPUS	no	
	aeromedical evacuation		
	dental care		
	USTF care		
	emergency care, outpatient	see paragraph 27.3.1.	FOPR
	emergency care, inpatient		FRR
	immunizations		IR
	prosthetic devices	no	na

28. Pre-Adoptive and Legal Wards. Authority is P.L. 103-160 and FY95 National Defense Authorization Act, sections 701 and 702

28.1. Category Definition. Individuals within this category are Legal Wards of active duty members, former active duty members separated and approved for benefits under the TAMP, retired members, and surviving family members of deceased active duty members and reserve component members of the Uniformed Services. Pre-adoptive wards under the same categories as above.

28.2. General Entitlements. See Table 28.

28.3. Special Considerations:

28.3.1. All individuals are entitled to space-available medical and dental care at DOD MTFs.

28.3.2. If the ward has a private health insurance policy, bill at the full reimbursement rate. The difference in the amount billed and what the insurer reimburses is not charged to the patient. If the insurance company refuses to pay, bill the FMR.

28.3.3. Overseas, wards are authorized reimbursement for certain expenses associated with patient travel according to the Joint Federal Travel Regulations.

28.3.4. Children do not lose their entitlement due to a divorce of the parents so long as the sponsor remains entitled to care, and the children do not otherwise lose their eligibility under AFI 41-115.

28.3.5. Children under 21 years of age (23 if enrolled full time in college), who marry an individual who is not entitled to privileges under the MHSS, lose their entitlement to care. However, if the marriage is terminated, the child is once again entitled to DOD medical care.

28.3.6. Under 10 U.S.C., section 1077b, the following types of care are not provided:

28.3.6.1. Domiciliary or custodial care

28.3.6.2. Prosthetic devices, hearing aids, orthopedic footwear and spectacles

28.3.7. The following care is provided: artificial limbs and artificial eyes, elective correction of minor dermatological blemishes or marks or minor anatomical anomalies.

28.3.8. Dependent wards enrolled in the TRICARE-Active Duty Family Member Dental Program are provided emergency dental care not to exceed that care provided by the Program.

28.3.9. Dental care is not authorized in a USTF.

Table 28. Pre-Adoptive and Legal Wards.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
2	direct care, outpatient	yes	na
3	direct care, inpatient		FMR
4	CHAMPUS		na
5	supplemental care-non-CHAMPUS	for diagnostic tests only	
6	supplemental care-CHAMPUS	yes	
7	aeromedical evacuation		
8	dental care		see para 28.3.8. & 28.3.9.
9	USTF care	see paragraph 28.3.9.	na
10	emergency care, outpatient	yes	na
11	emergency care, inpatient		FMR
12	immunizations		na
	prosthetic devices	no	see para 28.3.6.& 28.3.7.

Section D—Health Care for Foreign Forces Family Members. Section D describes the extent of health care services available to family members of foreign forces members.

29. Family Members (Dependents) of NATO Personnel. Authority is DODI 1000.13, DODD 6310.7, EO 11733.

29.1. Category Definition. Family members (dependents) of military members of NATO countries who are in the United States (Assigned or TDY) at the invitation of a Federal Department or Agency. This includes family members of FMS and IMET participants.

29.2. General Entitlements. See Table 29.

29.3. Special Considerations:

29.3.1. Individuals must possess a valid DD 1173, Uniformed Services Identification and Privilege Card (Accountable).

29.3.2. Under 10 U.S.C. section 1077b, the following types of care are not provided to NATO family members:

29.3.2.1. Domiciliary or custodial care.

29.3.2.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such items may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

29.3.2.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies

29.3.3. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the cost exceeds \$250, the patient may be given the option of reimbursing the government for the amount over \$250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

29.3.4. If there is an international reciprocal military health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this paragraph.

29.3.5. Parents and parents-in-law are not entitled to CHAMPUS.

29.3.6. Only outpatient CHAMPUS care is provided.

29.3.7. Emergency dental care only to relieve pain or undue suffering.

29.3.8. Billing procedures for NATO family members whose sponsor is an FMS or IMET student will have billing procedures outlined in the sponsor's ITO.

29.3.9. MAJCOMs with MTFs in NATO countries must supplement this paragraph with guidance on how to treat and bill NATO family members in their MTFs in NATO countries.

29.3.10. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 29. Family Members of NATO Personnel.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
2	direct care, outpatient	yes	na
3	direct care, inpatient		FRR
4	CHAMPUS	see paragraph 29.3.6.	na
5	supplemental care-non-CHAMPUS	no	
6	supplemental care-CHAMPUS	for diagnostic tests only	
7	aeromedical evacuation	yes	see paragraph 29.3.10.
8	dental care	see paragraph 29.3.7.	na
9	USTF care	no	
10	emergency care, outpatient	yes	
11	emergency care, inpatient		FRR
12	immunizations		na
	prosthetic devices	no	see paragraph 29.3.2.2.

30. Family Members (Dependents) of Non-NATO Military Personnel. Authority is DODI 1000.13.

30.1. Category Definition. Family Members (dependents) residing with a military member who is not a member of a NATO country and is in the United States or overseas at a US installation on official business (permanently or TDY). This category does not include FMS and IMET family members; see paragraphs 31 and 32.

30.2. General Entitlements. See Table 30.

30.3. Special Considerations:

30.3.1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement takes precedence over this paragraph.

30.3.2. Non-NATO countries who have signed up to the Partnership for Peace SOFA will receive the same medical care as NATO countries. If the country currently has an international military reciprocal health care agreement, the reciprocal agreement takes precedence.

30.3.3. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

30.3.3.1. Domiciliary or custodial care

30.3.3.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

30.3.3.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

30.3.4. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the costs exceeds \$250, the patient may be given the option of reimbursing the government for the amount over \$250. In

unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

30.3.5. Billing information contained in the sponsor's orders takes precedence over this paragraph.

30.3.6. Emergency dental care only to relieve pain or undue suffering.

30.3.7. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph with guidance on how to treat and bill Non-NATO family members in MTFs in the foreign country.

30.3.8. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

30.3.9. No charge for outpatient care for family members of individuals in the Military Personnel Exchange Program.

Table 30. Family Members of Non-NATO Personnel.

	A	B	C
R U L E 1	If the general benefit is direct care, outpatient	and the patient is entitled to the benefit yes	then collect these charges locally from the individual FOPR, see para 30.3.1., 30.3.2., 30.3.5., 30.3.9.
2	direct care, inpatient	no, see para 30.3.1., 30.3.2.	see para 30.3.5.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 30.3.1., 30.3.5., 30.3.9.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 30.3.8.
7	dental care	see paragraph 30.3.6.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	FOPR
10	emergency care, inpatient		FRR
11	immunizations		IR
12	prosthetic devices	no	see paragraph 30.3.3.2.

31. Family Members (Dependents) of Foreign Military Sales (FMS) Personnel (Non-NATO). Authority is DODI 1000.13

31.1. Category Definition. Family Members (dependents) residing with a non-NATO member who is in the United States or overseas participating in an FMS program (part of the Security Assistance Training Program). NATO FMS family members are covered under paragraph 29.

31.2. General Entitlements. See Table 31.

31.3. Special Considerations:

31.3.1. If there is an international military reciprocal health care agreement (see Attachment 3) that establishes different benefits and/or charges, the agreement take precedence over this table.

31.3.2. Billing information is contained in the sponsor's invitational travel orders (ITOs). If the ITO states payment is to be made under the FMS case, then send the bill to the military department sponsoring the individual. For the Air Force, this is AF Security Assistance Training (AFSAT); the address is SA DAO DE, San Antonio/IB, 2021 1st Drive West, Randolph AFB, TX 78150-4302.

31.3.3. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

31.3.3.1. Domiciliary or custodial care

31.3.3.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

31.3.3.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

31.3.4. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the costs exceeds \$250, the patient may be given the option of reimbursing the government for the amount over \$250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

31.3.5. Emergency dental care only to relieve pain or undue suffering.

31.3.6. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph with guidance on how to treat and bill Non-NATO family members in MTFs in the foreign country.

31.3.7. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 31. Family Members of FMS Personnel (Non-NATO).

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	FOPR, see para 31.3.1. and 31.3.2.
2	direct care, inpatient		FRR, see para 31.3.1. and 31.3.2.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 31.3.1. and 31.3.2.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 31.3.7.
7	dental care	see paragraph 31.3.5.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	FOPR, see para 31.3.1. and 31.3.2.
10	emergency care, inpatient		FRR, see para 31.3.1. and 31.3.2.
11	immunizations		IR, see para 31.3.1. and 31.3.2.
12	prosthetic devices	no	see paragraph 31.3.3.2.

32. Family Members (Dependents) of International Military Education and Training (IMET) Personnel (Non-NATO). Authority is DODI 1000.13.

32.1. Category Definition. Family Members (dependents) residing with a non-NATO member who is in the United States or overseas participating in an IMET program (part of the Security Assistance Training Program). NATO IMET family members are covered under paragraph 29.

32.2. General Entitlements. See Table 32.

32.3. Special Considerations:

32.3.1. Billing information is contained in the sponsor's invitational travel orders (ITOs). If the ITO states payment is to be made under the IMET case, then send the bill to the military department sponsoring the individual. For the Air Force, this is SA DAO DE, San Antonio/IG, 2021 1st Drive West, Randolph AFB, TX 78150-4301.

32.3.2. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

32.3.2.1. Domiciliary or custodial care.

32.3.2.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

32.3.2.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

32.3.3. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the costs exceeds \$250, the patient may be given the option of reimbursing the government for the amount over \$250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

32.3.4. Emergency dental care only to relieve pain or undue suffering.

32.3.5. MAJCOMs with MTFs in Non-NATO countries must supplement this paragraph with guidance on how to treat and bill Non-NATO family members in MTFs in the foreign country.

32.3.6. Reimbursement is required for A/E unless covered by an international reciprocal military health care agreement. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 32. Family Members of IMET Personnel (Non-NATO).

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	FOPR, see paragraph 32.3.1.
2	direct care, inpatient		FRR, see paragraph 32.3.1.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 32.3.1.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 32.3.6.
7	dental care	see paragraph 32.3.4.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	same as Rule 1/2
10	emergency care, inpatient		
11	immunizations		IR
12	prosthetic devices	no	see paragraph 32.3.2.2.

Section E—Health Care for Eligible Civilians and Special Categories of Beneficiaries and Their Family Members. The information contained in Section E describes how medical care will be delivered to certain eligible civilian categories of beneficiaries.

33. Senior ROTC Cadets. Authority is 10 U.S.C. 2103-2107, 2109, 2110; 5 U.S.C. 8140, 37 U.S.C. 101

33.1. Category Definition. Cadets are members of the Reserve Officer Training Corps (ROTC) of any branch of the Uniformed Services, or applicants for membership. Applicants for membership include students enrolled in a course which is part of ROTC instruction at an educational institution.

33.2. General Entitlements. See Table 33.

33.3. Special Considerations:

33.3.1. Cadets are provided care for any injury or illness incurred while traveling to and from, and participating in, any summer field training or other practical military training. Practical military training includes military drill instruction, ROTC organized physical fitness activities, and training designed to orient cadets to military equipment, missions, or installations. To determine if the training falls under the definition of practical military training, contact HQ AFROTC/DOTF at Maxwell AFB AL 36112-6106, DSN 493-4979.

33.3.2. Only emergency dental care is authorized.

33.3.3. If the cadet's college, university, or institution does not have the ability to perform a physical exam, the cadet may be given the examination at an MTF including admission if required. Admit the cadet only for diagnostic purposes, not to correct disqualifying defects.

33.3.4. If a cadet is admitted, contact HQ AFROTC/DOTF at Maxwell AFB AL 36112-6106, DSN 493-6958.

33.3.5. Cadets who are admitted for any reason must meet a board of medical officers for final disposition. This board is not a medical board as outlined in AFI 36-3212. This board is composed of Medical Corps officers familiar with the individual's case. They should consider the individual's diagnosis, required care, etc., and other factors as directed by HQ AFROTC. Cadets are not entitled to disability processing under AFI 36-3212, and the results of the medical board may be provided to the cadet so a claim can be filed with the Department of Labor, Federal Employees Compensation Act (FECA), or the Veterans Affairs, as appropriate. Provide a copy of the board to HQ AFROTC; they will provide final disposition instructions for the patient.

33.3.5.1. Board proceedings must show the diagnosis, patient's line of duty status, physical condition upon discharge, a statement that further hospitalization is or is not required, and a concise medical history. If the individual requires additional treatment beyond the hospitalization, the reason and probable duration of the treatment must be included.

33.3.5.2. Two copies of the proceedings are prepared and attached to a completed SF 88, Report of Medical Examination, which shows the date of discharge. Send the report to HQ AFROTC/DO for Air Force cadets. For Army Cadets, send the report to Headquarters US Army ROTC, Cadet Command, ATTN: ATCC-PC, Fort Monroe VA 23651-5237, DSN 680-4534. Reports on Navy Cadets should be sent to Commander, Naval Medical Command, Department of the Navy, Washington DC 20372-5120.

33.3.6. Under FECA, cadets may choose their source of care if they meet FECA reimbursement criteria. For example, the criteria includes a provision that the injury or illness be incurred in the line of duty, and the training period meet certain criteria of the law. Cadets cannot be forced to remain in an Air Force MTF if the cadet or legal guardian chooses another source of care. In cases where the cadet or guardian chooses a non-DOD source of care, the cadet or guardian should sign:

33.3.6.1. An "against medical advice" (AMA) discharge letter if a serious medical condition exists and the cadet is, in fact, leaving AMA.

33.3.6.2. A letter explaining the Air Force (DOD) is not responsible for any financial obligation incurred as a result of the choice. If a cadet chooses to obtain care at a non-DOD site, contact HQ AFROTC/DOT, DSN 493-6958, and HQ USAF/SGMA, 110 Luke Avenue, Room 400, Bolling AFB DC 20332-7050, DSN 297-5066.

33.3.7. Cadets requiring additional care after hospitalization or completing summer training, practice cruises, etc., are advised how to obtain that care from a DOD MTF.

Document this in the individual's medical record, provide a copy of the record to the patient, and contact the DOD MTF where the follow-up care will be given.

33.3.8. The Department of Labor (DOL), Workmen's Compensation Fund, reimburses DOD for medical expenses (at the IAR/IAOPR) for individuals who incur an injury or illness traveling to or from, and participating in, practical military training, summer training sessions, practice cruises, flight training, or on a flight. The local MTF bills DOL by submitting a DD Form 7/7a as appropriate.

Table 33. ROTC Cadets.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care and emergency (outpatient and inpatient), supplemental care-non-CHAMPUS, immunizations	yes	outpatient - na inpatient - SR

2	CHAMPUS, supplemental care- CHAMPUS, prosthetic devices	no	na
3	aeromedical evacuation	yes	
4	dental care	see paragraph 33.3.2.	

34. Patients/Non-Medical Attendants (NMA) Travel Benefits. Authority is Joint Federal Travel Regulation (JFTR) 4102L, U5240G, U7250-7252, U7550-7554, DOD 4515.13R, Air Transportation Eligibility, November 1994.

34.1. Patient Travel and Category Definition. Active duty, Civilian employees and other persons authorized to travel as patients and/or NMAs.

34.2. General Entitlements. See Table 34.

34.3. Special Considerations:

34.3.1. US Government civilian employees who are performing NMA duties are reimbursed under Rules 8 and 9, Table 34. The fact that an NMA is a civilian employee does not in itself qualify the individual for reimbursement. The individual must actually be employed as an attendant to be authorized the reimbursement. If they do not meet this requirement, they fall under the provisions of 34.3.2.

34.3.2. Individuals who do not meet the definition in Paragraph 34.1 can be authorized to be NMAs; they are issued invitational travel orders and are not authorized any reimbursement of expenses.

34.3.3. An NMA is an individual who is approved by the orders-issuing official, based on the recommendation of the attending provider or competent medical authority. Examples of patients who are normally authorized an NMA are: physically handicapped persons; minor children; patient is injured with restricted mobility (broken limbs); mentally handicapped patients unable to care for themselves; patients with impaired judgment and patients on the Seriously Ill/Very Seriously Ill (SI/VSI) list. Also included are patients in the "Storknest" or Alcohol Rehabilitation Programs, (or other medical condition) that requires an NMA to join the patient.

34.3.4. Only one NMA is authorized. Minor children are not considered NMAs. Not more than two family member NMAs may be authorized for a Seriously Ill or Injured AD member. Reimbursement is authorized for all approved NMAs as outlined in Table 34.

34.3.5. NMAs travel space-required in the aeromedical evacuation system.

34.3.6. Active duty members are authorized local area travel to obtain necessary medical care when directed by appropriate medical authority (JFTR U3500). No reimbursement authorized for travel to obtain elective medical care.

34.3.7. Per diem is not authorized during inpatient (hospital bed patient) status. Per diem is authorized during travel to and from the hospital, between hospitals, and when subsisting out (JFTR U4102L).

34.3.8. Active duty family member patients are authorized Invitational Travel Orders for CONUS aeromedical evacuation. Reimbursement for expenses is not authorized.

34.3.9. Retirees and their family members may be issued ITOs for aeromedical evacuation. Reimbursement for expenses is not authorized.

34.3.10. Reimbursement for travel to obtain civilian medical care or elective medical care at other military MTFs when the patient has been disengaged is not authorized for the family member patient or NMA.

Table 34. Patient/NMA Medical/Travel Benefits.

	A	B	C	D
R U L E	If the traveler is	patient status	and location is	then prepare this type of travel order
1	active duty patient	outpatient or inpatient	na	funded; see para 34.3.6 and 34.3.7.
2	temporary disability retired list (TDRL)			funded TDY, JFTR U7251
3	active duty family member patient		CONUS	Invitational Travel Orders only; see para 34.3.8. and 34.3.10.

4			OCONUS	funded TDY, JFTR U5240G
5	active duty member NMA	active duty inpatient or outpatient	na	funded TDY, JFTR U7252
6		family member inpatient or outpatient	CONUS	funded TDY, JFTR U7551 and U7552; see para 34.3.10.
7			OCONUS	funded TDY, JFTR U5240G, U7252, and U7550
8	retired member and retired family member patient	outpatient or inpatient	na	Invitational Travel Orders only; see para 34.3.9.
9	US Govt civilian employee NMA	active duty member		funded TDY, JFTR U7252
10		active duty family member	OCONUS	funded TDY, JFTR U7553
11	all other persons NMA	active duty member	na	funded TDY, JFTR U7252
12		active duty family member	CONUS	Invitational Travel Orders only
13			OCONUS	funded TDY, JFTR U7554

35. Members of Uniformed Services Auxiliaries (Official Government Business). Authority is 5 U.S.C. 8103, 42 U.S.C.

35.1. Category Definition:

35.1.1. Members of the Civil Air Patrol (USAF Auxiliary) either senior members or cadets, age 18 or older, incurring an injury or illness while on official government business for which a specific Air Force mission number is assigned. Mission numbers can be verified by contacting HQ CAP-USAF/DO, Maxwell AFB AL 36112-5000.

35.1.2. Adult members of the USCG Auxiliary incurring an injury or illness while performing official duty for the US Government.

35.2. General Entitlements. See Table 35.

35.3. Special Considerations:

35.3.1. Individuals under this Paragraph are covered by FECA-OWCP.

35.3.2. Inpatient care is normally provided only until the individual can be transferred to a civilian MTF.

35.3.3. Dental care is authorized only as an adjunct to medical care.

Table 35. Auxiliary Members (Official Government Business).

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	na
2	direct care, inpatient		SR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	

7	dental care	see paragraph 35.3.3.	
8	USTF care	no	
9	emergency care, outpatient	yes	
10	emergency care, inpatient		SR
11	immunizations		na
12	prosthetic devices	no	

36. Members of Uniformed Services Auxiliaries (Official Organizational Business). Authority is 10 U.S.C. 9441.

36.1. Category Definition. Individuals from the following organizations participating in an official function on a military installation:

36.1.1. Senior (adult) and cadet member of the Civil Air Patrol (USAF Auxiliary) with military travel authorization or military support authorization signed by an Air Force liaison official who is assigned to CAP. CAP members attending other CAP functions on base which are not covered by these authorizations are provided care under Paragraph 56.

36.1.2. Adult members of the Coast Guard Auxiliary.

36.1.3. Adult leaders and cadets of the Naval Sea Cadet (USN).

36.1.4. Adult leaders and cadets in the Young Marines (USMC).

36.2. General Entitlements. See Table 36.

36.3. Special Considerations:

36.3.1. Outpatient care for minor illness or injury such as the common cold, flu, cuts, abrasions, etc., that inhibit the individual's ability to perform duties, may be provided.

36.3.2. Inpatient care is provided until the individual is stabilized and can be moved to a civilian MTF.

Table 36. Auxiliary Members (Official Organizational Business).

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	see paragraph 36.3.1.	na
	direct care, inpatient	see paragraph 36.3.2.	SR
	CHAMPUS		na
	supplemental care-non-CHAMPUS	for diagnostic tests only	
	supplemental care-CHAMPUS	no	
	aeromedical evacuation		
	dental care		
	USTF care		
	emergency care, outpatient	yes	
	emergency care, inpatient		
	immunizations	no	na
	prosthetic devices		

37. Civilian Employees. Authority is 5 U.S.C. 7901, 8101 and 8103; 29 U.S.C. 668; 24.

U.S.C. 34 and 35; DODD 1404.10, Emergency Essential (E-E) DoD Citizen Civilian Employees, April 10, 1992; DODI 1400.32, DoD Civilian Work Force Contingency and Emergency Planning Guidelines and Procedures, April 24, 1995; EO 11116

37.1. Category Definition. US citizens who are employees of any agency of the US Government. This includes non-appropriated fund and Army and Air Force Exchange Service employees. This also includes certain seamen as identified in Paragraph 38 and Air Reserve technicians while performing duties as civil servants.

37.2. General Entitlements. See Tables 37 and 37-1.

37.3. Special Considerations. When a civilian employee is required to travel to an MTF not in the local vicinity, e.g., to the USAF Hearing Conservation Diagnostic Center, travel expenses are authorized according to the JFTR, Volume II, Paragraph C4450.

37.3.1. Under the FECA Law, 5 U.S.C. 8101, the United States shall furnish to an employee with a federal job-related illness or injury the services, appliances, and supplies prescribed or recommended by a qualified physician, to cure, give relief, reduce the disability, or aid in lessening the amount of the monthly compensation. The services, appliances, and supplies shall be furnished by military MTFs, VA or US Public Health facilities. The employee may also receive care for the job-related illness/injury through civilian resources designated or approved by the Secretary of Labor. A CA-16, Authorization for Examination C/S and/or Treatment, authorizes an injured employee to obtain examination and/or treatment for up to 60 days. The form is prepared by the individual's supervisor and must be presented prior to treatment unless it is a medical emergency. In an emergency, the form is prepared by the supervisor within 48 hours after treatment is rendered. Completed CA-16s for care provided in MTFs are filed in the individual's medical record. The supervisor files the original CA-16 with the Department of Labor (DOL) **only** if the injury or illness is likely to result in a medical charge against the DOL, disability for work beyond the day or shift of duty, future disability, prolonged treatment, permanent impairment or the payment of continuation pay under 5 U.S.C. 8118. Under these circumstances, a copy of the CA-16 is filed in the individual's medical record.

37.3.1.1. Care for job related injuries or illnesses requires: a) Presentation of a completed CA-16. A separate CA-16 is not required for each episode of follow-up care if a CA-16 was provided on the initial visit. If follow-up care is required beyond 60 days of the initial issuance of the CA-16, the supervisor contacts the DOL for authorization to issue another CA-16; b) the care being provided is for the same illness or injury as on the initial visit; and c) the MTF has the capability to provide the care.

37.3.2. AE is authorized as outlined in Table 37-1 on a space-available basis providing the civilian is included in the categories under Table 37-1, Column A.

37.3.3. Individuals will have a DD Form 1173, Uniformed Services Identification and Privilege Card (Accountable) or appropriate TDY orders overseas.

37.3.4. Wage Marine personnel and Civil Service Mariners (Paragraph 40) are billed directly to the USPHS at the interagency rate by the MTF. Do not collect subsistence for inpatient care from the individual. Forward a SF1080 along with the DD 7/7A to: USPHS Division of Commissioned Personnel, Medical Affairs Branch, Room 4C-06, 5600 Fishers Lane, Rockville MD 20857.

37.3.5. According to 5 CFR, Part 339.301, Authority to Require an Examination, an agency may require an individual who has applied for or occupies a position which has medical standards or physical requirements, or which is part of an established medical evaluation program, to report for a medical examination whenever there is a direct question about an employee's continued capacity to meet the physical or medical requirements of a position (fitness for duty). The MTF Physical Exams Section (PES) schedules and performs occupational health exams. Other physical examinations are provided under AFI 41-115, Chapter 1.

37.3.6. In addition to the provisions in Table 37, special provisions for care are established for the following category personnel as indicated: VA employees who are US citizens assigned to the VA regional office in the Republic of the Philippines require written authorization prior to an admission; State Department employees who must be aeromedically evacuated to CONUS are reported to the nearest Department of State principal or administrative officer who authorizes the move.

37.3.7. Except as noted above, civilian employees of the US Government who are covered under the State Department's medical program do not have any special entitlement based on their enrollment in that program. The State Department's medical program is in effect an insurance program like Blue Cross and Blue Shield. As a result, health care may be billed to this program if the individual wishes. If the claim is denied, the individual pays for his or her care. Agencies involved in this program are:

- ACTION/Peace Corps staff.
- Department of State: Agency for International Development, US Arms Control and Disarmament Agency, US Information Agency.
- Department of Agriculture; Agricultural Research Service, Animal/Plant Health Inspection, Foreign Agriculture Service, OICD, SCS.

- Department of Commerce: Export Development, Foreign Commercial Service.
- Environmental Protection Agency.
- Department of Health and Human Services: Centers for Disease Control.
- Inter-American Foundation.
- Department of Interior: Bureau of Reclamation, Office of the Inspector General, US Geological Survey.
- Department of Justice: Drug Enforcement Agency, Immigration and Naturalization Service, US Marshall's Service.
- Library of Congress.
- National Aeronautics and Space Administration.
- Office of the US Trade Representative (Executive Office of the President).
- Department of Transportation: Federal Aviation Administration, Federal Highway Administration, US Maritime Commission.
- Department of Treasury: Internal Revenue Service, Office of International Affairs, US Customs, US Secret, US Saudi-Arabian Joint Commission for Economic Cooperation.
- US Postal Service.

NOTE: Participants in the State Department Medical Program are only authorized reimbursement for emergency dental care. This is not a limitation on the entitlement, but on the coverage. Civilian personnel assigned overseas are entitled to routine dental care. Those covered under the State Department Medical Program must pay the dental rate.

37.3.8. Immunizations may be provided at no cost to individuals in CONUS who are preparing for a transfer to an assignment overseas either TDY or PCS or who are CONUS based and immunizations are required by the government as part of the job. For individuals participating in the State Department Medical Program, a request for immunizations will be provided on a DSL-820 in two copies. This request will state the type of inoculation or vaccination needed and that it is at the expense of the State Department Medical Program. Report the results of the immunization as requested on the DSL-820. This form may be obtained from Department of State, 2401 E St, NW, Room 209, Washington, DC 20552. Hepatitis B vaccine is provided upon request to DOD civilian emergency medical technicians, paramedics, and rescue personnel. Hepatitis B immune globulin may also be provided in cases of exposure. There is no charge for Hepatitis vaccinations.

37.3.9. Civil Service employees designated as Emergency Essential who are participating in direct support to combat operations, participating in support of humanitarian missions, disaster relief, restoring order in civilian disorders, drug interdiction, operations, contingencies, and emergencies shall receive the following health care services (excludes contractor employees of the DoD):

37.3.9.1. Immunizations as given to military personnel in theater.

37.3.9.2. Provisions shall be made for medical care of civilian employees in a theater of operations. They shall be HIV-tested before deployment, if required. All DoD-sponsored non-military personnel PCS or TDY outside the US and its territories shall have panarex or DNA samples taken for identification purposes. Dental x-rays may be substituted when the ability to take panarex or DNA samples is not available.

37.3.9.3. Medical and dental examinations and, if warranted, psychological evaluations to ensure fitness for duty in the theater of operations to support the military mission shall be provided.

37.3.9.4. During a contingency or emergency, civilian employees returning to the US and its territories from a theater of operations shall receive cost-free military physical examinations within 30 days if the medical community decides it is warranted or required for military personnel.

37.3.9.5. Emergency essential employees who require treatment for disease or injury sustained overseas during hostilities may be provided care at no cost to the employee under the DoD MHSS. The scope of care provided shall be equivalent to that received by active duty military personnel. If feasible, the military department providing treatment shall seek reimbursement from third party payers.

37.3.10. Civil Service employees may be provided special treatment on an outpatient basis at no charge to prevent loss of time from duty, upon specific written request of a local physician. Medicine needed for such a treatment is furnished by the employee, but is administered without charge (e.g., administering allergy shots). Outpatient treatment of minor illnesses (e.g., sunburn, insect bite/stings, etc.) during work hours, when necessary to alleviate pain or when care for an illness from private medical services would require a disproportionate amount of time lost from the job. The decision to provide care under this paragraph is that of the MTF commander who must determine that the care is medically necessary, in the best interest of the government, and available at the MTF. Supplemental care is not authorized under the provisions of this paragraph.

37.3.11. NAF employees, while generally not considered to be US Government employees for most benefits, are entitled to treatment as described below.

37.3.12. NAF employees' medical expenses are covered under a NAF self-insurance program. Individuals with on-the-job injuries and illnesses are covered by this program. A Form LS-1, Request for Examination and/or CS Treatment, or a Form LS-204, Attending Physician's Supplementary Report (Longshore and Harbor Workers' Compensation Act, as extended), is required before treating the patient in the same manner as a CA-16, Authorization for Examination CS and/or Treatment, is

required for appropriated fund employees. Employees of the Army and Air Force Exchange Service use an LA-202, Employer's First Report of Injury or Occupational Illness.

37.3.13. NAF employees may be given pre-employment and periodic physicals at no charge to the individual when requested by the NAF agency chief or representative in writing. The MTF must also have the capability as determined by the MTF commander.

37.3.14. According to 5 U.S.C. section 7901, health promotion programs may be provided at no charge to civilian employees when space is available in the program. Space availability is determined by the medical facility commander using guidance in AFI 41-115. Medicine required for participation, e.g. nicotine patches, is furnished by the employee.

37.3.15. Hearing aids are authorized for civilians stationed overseas on a reimbursable basis at US government cost when the hearing loss is not job related.

Table 37. Civilian Employees.

R U L E	A	B	C	D	E
	If the general benefit is	and duty location is	and the injury or disease is	and the patient is entitled to the benefit	then collect these charges locally from the individual
1	direct care (outpatient and inpatient), dental, emergency care (outpatient and inpatient)	in the US	job related	yes	na, see para 37.3.4.
			not job related	see para 37.3.10.	FOPR/FRR
		overseas	job related	yes	na
			not job related		IAOPR/IAR
2	CHAMPUS, supplemental care-CHAMPUS and USTF system	na	na	no	na
3	supplemental care-non-CHAMPUS			yes	na
4	immunizations	in the US		see para 37.3.8.	IR
		overseas			
5	prosthetic devices	in the US		no	na
6		overseas		yes	at Govt cost

Table 37-1. Aeromedical Evacuation of US Government Employees.

R U L E	A	B	C	D	E
	If the individual is	who is stationed	and whose medical condition is job related	then the individual is authorized A/E	and there is a charge
1	a DOD employee	overseas	yes	yes	no
2			no		
		in the US on		no	na

3		TDY status (job	yes	yes	no
4	other Govt employee	related)			yes
5			no	no	na
6		overseas		yes	yes
7			yes		

38. Family Members (Dependents) of Civil Service Personnel. Authority is 24 U.S.C. 34.

38.1. Category Definition. Family members (dependents) who reside overseas and whose civil service personnel sponsor is stationed overseas (family members of civilians stationed in the United States are not entitled to any routine health care benefits). For the purposes of this Paragraph, civilian personnel are any US Government employee paid from appropriated or non-appropriated funds and is a US citizen.

38.2. General Entitlements. See Table 38.

38.3. Special Considerations:

38.3.1. Routine dental care is on a space-available basis within the capabilities determined by the Dental Squadron Commander or equivalent. When capabilities do not exist, care is limited to that required to relieve pain or undue suffering.

38.3.2. In Puerto Rico, only those serving under a current transportation agreement are eligible for routine medical and dental care.

38.3.3. Aeromedical evacuation is authorized overseas intra-theater and from overseas to the CONUS destination MTF and return. Other moves within CONUS for civilian family members are not authorized under this regulation.

38.3.4. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

38.3.4.1. Domiciliary or custodial care.

38.3.4.2. Prosthetic devices, hearing aids, orthopedic footwear, and spectacles except that outside the United States and inside the United States at stations where adequate civilian facilities are unavailable, such item may be sold to family members at government cost (artificial limbs and artificial eyes may be provided)

38.3.4.3. The elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

38.3.5. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the cost exceeds \$250, the patient may be given the option of reimbursing the government for the amount over \$250. In unusual circumstances, a refitting may be required and a re-issue warranted. Only MTF commanders may authorize a re-issue and they must certify the re-issue as medically indicated.

38.3.6. Family members of some civilian personnel are covered under the State Department's Medical Program or other insurance programs. These individual may choose to have the bills for their care paid for by the third party payer. Paragraph 37 contains information on billing procedures for the State Department Medical Program.

38.3.7. Individuals may be provided immunizations at no cost in CONUS when preparing for a transfer overseas either PCS or TDY.

38.3.8. Reimbursement required for A/E. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261. No charge for transportation if the sponsor is a DOD employee stationed overseas; reimbursement required for in-flight medical care.

Table 38. Family Members of Civil Service Personnel.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	IAOPR
2	direct care, inpatient		IAR
3	CHAMPUS	no	na

4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 38.3.8.
7	dental care		dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	IAOPR
10	emergency care, inpatient		IAR
11	immunizations		see paragraph 38.3.7.
12	prosthetic devices	see paragraph 38.3.4.2.	see paragraph 38.3.4.2.

39. NATO Civilian Employees. Authority is DODD 6310.7.

39.1. Category Definition. Civilian employees of a NATO nation's military department accompanying a NATO military member on official duty within the United States and is not a US citizen or normally a resident of the United States.

39.2. General Entitlements. See Table 39.

39.3. Special Considerations:

39.3.1. Only emergency dental care is authorized.

39.3.2. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 39. NATO Civilians.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	na
	direct care, inpatient		FRR
	CHAMPUS	no	na
	supplemental care-non-CHAMPUS	for diagnostic tests only	
	supplemental care-CHAMPUS	no	
	aeromedical evacuation	yes	see paragraph 39.3.2.
	dental care	see paragraph 39.3.1.	na
	USTF care	no	
	emergency care, outpatient	yes	
	emergency care, inpatient		na
	immunizations		
	prosthetic devices	no	

40. Seamen. Authority is DODI 1000.13; 31 U.S.C. 1535; 42 U.S.C. 253; 5 U.S.C. 7901; 31 U.S.C. 686; 29 U.S.C. 668(a); 24 U.S.C. 34; EO 11116.

40.1. Category Definition:

40.1.1. Civil servants working for NOAA who are called NOAA Wage Marine Personnel. These individuals are not general schedule (GS) or wage grade (WG) civil servants, but are in fact civil servants called wage marine.

40.1.2. Civil servants working for the Military Sealift Command who are called Civil Service Mariners. These are not GS or WG civil servants, but civil service mariners.

40.1.3. This category does not include contractor mariners under contract to the Military Sealift Command who are treated under the provisions of Paragraph 19.

40.2. General Entitlements. Use Tables 37 and 37-1, substituting "Duty at Sea" for "Overseas" (same as for civil servants).

40.3. Special Considerations: NOAA maintains a master list of NOAA Wage Marine Personnel that can be accessed during normal duty hours, eastern standard time as follows:

40.3.1. Maryland, Hawaii, Alaska: (301) 594-6330

40.3.2. All other states: 800-368-2777

40.3.3. Care is on a pay basis at the interagency rate with the MTF billing directly to the USPHS. Do not collect subsistence for inpatient care from the individual. Forward a SF1080 along with the DD 7/7A to: USPHS Division of Commissioned Personnel, Medical Affairs Branch, Room 4C-06, 5600 Fishers Lane, Rockville MD 20857.

Table 40. Not required.

41. Secret Service Protectors and Protectees. Authority is DODD 3025.13.

41.1. Category Definition:

- Protectors: Secret Service person guarding individuals under the direction of the Secret Service.
- Protectees: Individuals under guard of Secret Service personnel under the direction of the Secret Service.

41.2. General Entitlements. See Table 41.

41.3. Special Considerations:

41.3.1. Protectors are authorized a physical exam as defined in AFI 41-115, Chapter 1.

41.3.2. An individual may be kept as an inpatient after stabilization and until the individual reaches the maximum benefit from hospitalization-whichever comes first.

Table 41. Secret Service Protectors and Protectees.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect this amount centrally through HQ USAF/SGMC
2	direct care, outpatient	no	na
3	direct care, inpatient		
4	CHAMPUS		
5	supplemental care-non-CHAMPUS		
6	supplemental care-CHAMPUS		
7	aeromedical evacuation		
8	dental care		
9	USTF care		
9	emergency care, outpatient	yes	IAOPR, submit DD Form 7A
9	emergency care, inpatient		IAR, submit DD Form 7
10	immunizations	no	na
11	prosthetic devices		

42. Contractors. Authority is DODI 3020.37.

42.1. Category Definition. The category does not include contractors under employment with Military Sealift Command who are covered under Paragraph 40. It does include:

42.1.1. An individual overseas who normally lives in the United States and is under contract to the US Government and who is accompanying the uniformed services in the field or who is on duty with a uniformed service or who is traveling under competent orders. This includes: US citizen scientific consultants, US citizen technical representatives, contract technicians, employees of airlines under contract with Air Mobility Command.

42.1.2. Non-US citizen consultants under contract to the US Government.

42.1.3. An individual overseas who normally lives in the United States and is under contract to the US Government and who, **during a contingency or emergency situation**, is accompanying the uniformed services in the field or who is on duty with a uniformed service or who is traveling under competent orders in areas of combat.

42.2. General Entitlements:

42.2.1. Individuals identified in 42.1.1. and 42.1.2. are provided routine care only when the MAJCOM commander overseas determines that local civilian facilities are not available or adequate. Immunizations may be provided without regard to this determination.

42.2.2. Individuals identified in 42.1.3. are provided medical and dental examinations and, if warranted, psychological evaluations, to ensure fitness for duty in the theater of operations to support the military mission. During a contingency or emergency, civilian contractors returning to the US and its territories from a theater of operations may receive military physical examinations at no charge.

42.2.3. Deploying civilian contractor personnel shall carry with them a minimum of a 90-day supply of any medication they require.

42.2.4. Elective care is not authorized.

42.2.5. See Table 42.

42.3. Special Considerations:

42.3.1. Contractors not in a contingency or emergency situation may request approval from the local commander overseas for medical care beyond emergency treatment. Agreements reached under this Paragraph are reported as a special narrative section in the annual report outlined in AFI 41-115, Attachment 3, for Secretarial Designees.

42.3.2. Contractors who require treatment for disease or injury sustained overseas during hostilities may be provided care under the DoD Military Health Services System.

42.3.3. A patient whose disability prevents his or her return to work or who needs a long period of treatment is reported to the contractor for disposition. The patient may be returned to CONUS as soon as his/her condition permits via aeromedical evacuation at cost to the contractor. See DOD 4515.13R for further information. If care in CONUS is required, the patient or contractor arranges for the care prior to transfer. Care in CONUS MTFs is not authorized except while in transient status in the aeromedical evacuation system.

42.3.4. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 42. Contractors.

	A	B	C
R U L E 1	If the general benefit is direct care, outpatient	and the patient is entitled to the benefit see para 42.2.1., 42.2.2., 42.3.1., 42.3.2.	then collect these charges locally from the individual FOPR
2	direct care, inpatient		FRR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 42.2.1., 42.2.2., 42.3.1., 42.3.2.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see para 42.3.3. and 42.3.4.

7	dental care	see paragraph 42.2.2.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	FOPR
9	emergency care, inpatient		FRR
10	immunizations		IR
11	prosthetic devices		at Government cost

43. Family Members (Dependents) of Contractors. Authority is DODD 4000.6.

43.1. Category Definition. Overseas, a family member (dependent) of an individual who normally lives in the United States and is under contract to the US Government and whose sponsor is accompanying the uniformed services in the field or who is on duty with a uniformed service or who is traveling under competent orders. This includes US citizen scientific consultants; US citizen technical representatives; contract technicians.

43.2. General Entitlements. See Table 43.

43.2.1. Individuals identified in the Paragraph are provided routine care only when the MAJCOM commander overseas determines that local civilian facilities are not available or adequate.

43.2.2. Elective care is not authorized.

43.3. Special Considerations:

43.3.1. Contractors may request approval from the MAJCOM commander overseas for medical care for their family members beyond emergency care. Agreements reached under this Paragraph are reported as a special narrative section in the annual report outlined in AFI 41-115, Attachment 3, for Secretarial Designees.

43.3.2. Patients whose disability requires a long period of treatment are reported to their sponsors for disposition. Such a patient may be returned to CONUS as soon as his or her condition permits via aeromedical evacuation at cost to the contractor. If care in CONUS is required, the patient or contractor arranges for the care prior to transfer. Care in CONUS MTFs is not authorized except while in transient status in the aeromedical evacuation system.

43.3.3. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the cost exceeds \$250, the patient may be given the option of reimbursing the government for the amount over the \$250. In unusual circumstances a refitting may be required and a reissue warranted. Only MTF commanders may authorize a reissue and they must certify the reissue as medically indicated.

43.3.4. Specific contract provisions may take precedence over this regulation.

43.3.5. Reimbursement required for A/E. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 43. Family Members of Contractors Overseas.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	FOPR, see para 43.2.1., 43.3.1.
2	direct care, inpatient		FRR, see para 43.2.1., 43.3.1.
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 43.2.1. and 43.3.1.
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	see paragraph 43.3.2.	see paragraph 43.3.5.

7	dental care	yes	dental rate
8	USTF care	na	na
9	emergency care, outpatient	yes	FOPR
10	emergency care, inpatient		FRR
11	immunizations		na
12	prosthetic devices	see paragraph 43.3.3.	see paragraph 43.3.3.

44. Civilian Trainees. Authority is 10 U.S.C. 8013.

44.1. Category Definition. Non-FMS, non-IMET and non-NATO civilians undergoing training in USAF facilities.

44.2. General Entitlements. See Table 44.

44.3. Special Considerations:

44.3.1. If a contract exists between individuals or their sponsoring company, the contract provisions take precedence over this Paragraph.

44.3.2. Individuals suffering adverse effects from training in altitude chambers, government sponsored drug testing programs, centrifuge training, etc., are provided treatment for the adverse effects at no cost. If the individual is admitted, charge the SR and collect locally from the individual.

Table 44. Civilian Trainees.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
2	direct care, outpatient	no	na
3	direct care, inpatient		
4	CHAMPUS		
5	supplemental care-non-CHAMPUS		
6	supplemental care-CHAMPUS		
7	aeromedical evacuation		
8	dental care		
9	USTF care		
9	emergency care, outpatient	yes	FOPR
9	emergency care, inpatient		FRR
10	immunizations	no	na
11	prosthetic devices		

45. United Services Organization (USO) Personnel. Authority is DODI 1000.13; DODD 1330.12.

45.1. Category Definitions. USO area directors, club directors, and associate club directors stationed overseas.

45.2. General Entitlements. See Table 45.

45.3. Special Considerations:

45.3.1. Routine dental care is on a space-available basis within the capabilities determined by the Dental Squadron Commander or equivalent. When capabilities do not exist, care is limited to that required to relieve pain or undue suffering.

45.3.2. Aeromedical evacuation is authorized overseas intra-theater and from overseas to a CONUS destination MTF and return. Other moves within CONUS are not authorized under this regulation.

45.3.3. The following may be provided to the patient at the US Government cost: prosthetic devices, hearing aids, orthopedic footwear, spectacles, artificial limbs and artificial eyes.

45.3.4. Immunizations may be provided at no charge in CONUS to individuals preparing for transfer overseas either TDY or PCS.

45.3.5. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

45.3.6. The insurance carrier for the individuals listed in this category will be billed for all medical services rendered. Co-pays are waived except for the subsistence rate.

Table 45. USO Personnel.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
1	direct care, outpatient	yes	na
2	direct care, inpatient		SR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	see paragraph 45.3.2. & 45.3.5.	see paragraph 45.3.6.
7	dental care	see paragraph 45.3.1.	na
8	USTF care	no	
9	emergency care, outpatient	yes	
9	emergency care, inpatient		SR
10	immunizations	see paragraph 45.3.4.	na
11	prosthetic devices	see paragraph 45.3.3.	at Government cost

46. Family Members (Dependents) of United Services Organizations. Authority is DODI 1000.13, DODD 1330.12, United Services Organization (USO) Inc., November 9, 1987.

46.1. Category Definition. Family members (dependents) of USO area directors, club directors and associate club directors accompanying a sponsor stationed overseas.

46.2. General Entitlements. See Table 46.

46.3. Special Considerations:

46.3.1. Routine dental care is on a space-available basis within the capabilities determined by the Dental Squadron Commander or equivalent. When capabilities do not exist, care is limited to that required to relieve pain or undue suffering.

46.3.2. Aeromedical evacuation is authorized overseas intra-theater and from overseas to CONUS destination MTF. Other moves within CONUS for family members are not authorized under this handbook.

46.3.3. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

46.3.3.1. Domiciliary or custodial care.

46.3.3.2. Elective correction of minor dermatological blemishes and marks or minor anatomical anomalies.

46.3.4. Under 10 U.S.C. section 1077b, the following may be provided to family members overseas at cost to the United States: prosthetic devices, hearing aids, orthopedic footwear, spectacles, artificial limbs and artificial eyes.

46.3.5. Individuals may be provided immunizations at no cost in CONUS when preparing for a transfer overseas either PCS or TDY.

46.3.6. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the cost exceeds \$250, the patient may be given the option of reimbursing the government for the amount over the \$250. In unusual circumstances, a refitting may be required and a reissue warranted. Only MTF commanders may authorize a reissue and they must certify as medically indicated.

46.3.7. Reimbursement required for A/E. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 46. Family Members of USO Personnel Overseas.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
1	direct care, outpatient	yes	na
2	direct care, inpatient		FRR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	see paragraph 46.3.2.	see paragraph 46.3.7.
7	dental care	see paragraph 46.3.1.	na
8	USTF care	na	
9	emergency care, outpatient	yes	
10	emergency care, inpatient		FRR
11	immunizations	see paragraph 46.3.5.	IR
12	prosthetic devices	see paragraph 46.3.4. & 46.3.6.	see paragraph 46.3.4. & 46.3.6.

47. Social Security Beneficiaries. Authority is OASD Letter, 15 September 1970.

47.1. Category Definition. Individuals receiving social security benefits in the 50 states, District of Columbia, Puerto Rico, Guam, American Samoa or Virgin Islands, and are not DOD beneficiaries.

47.2. General Entitlements. See Table 47.

47.3. Special Considerations:

47.3.1. The USAF MTF must be the closest facility.

47.3.2. When the patient is stabilized, transfer to a hospital participating in Medicare.

Table 47. Social Security Beneficiaries.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect the charges from the Medicare Fiscal Intermediary
1	direct care, outpatient	no	na
2	direct care, inpatient		

3	CHAMPUS		
4	supplemental care-non-CHAMPUS	for diagnostic tests only	see note below
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation		
7	dental care		
8	USTF care		
9	emergency care, outpatient	yes	IAOPR, see note below
9	emergency care, inpatient		IAR/DRG, see note below
10	immunizations	no	na
11	prosthetic devices		

NOTE: Submit a UB92 to the appropriate Medicare Fiscal Intermediary as appropriate. Include a Medicare number and the patient's home address.

48. Peace Corps Members. Authority is 31 U.S.C. 1535.

48.1. Category Definition. Applicants and volunteers of the Peace Corps with written request from a Peace Corps official. Peace Corps staff members are not included in this definition, but are provided care under the provisions of Paragraph 37.

48.2. General Entitlements. See Table 48.

48.3. Special Considerations:

48.3.1. Physicals are provided under the provisions of AFI 41-115, Chapter 1.

48.3.2. Care within the United States may be provided for an injury or illness incurred during training or duty with the Peace Corps.

48.3.3. Emergency dental care is authorized; charge the dental rate.

48.3.4. When written approval for care cannot be obtained in advance, request such approval from a Peace Corps foreign service post.

48.3.5. For patients requiring aeromedical evacuation, contact the Peace Corps foreign service post for guidance.

Table 48. Peace Corps Members.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect the charges locally from the Peace Corps
	direct care, outpatient	yes	IAOPR, see note below
2	direct care, inpatient		IAR, see note below
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see note below
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 48.3.5.
7	dental care	see paragraph 48.3.3.	dental rate
8	USTF care	no	na

9	emergency care, outpatient	yes	IAOPR, see note below
9	emergency care, inpatient		IAR, see note below
10	immunizations		IR
11	prosthetic devices	no	na

NOTE: Submit DD Form 7 or 7a as appropriate supported by an SF 1080 and the letter of authorization from the official requesting the care to: Peace Corps Office of Medical Service, 806 Connecticut Ave NW, Washington DC 20526

49. Family Members (Dependents) of Peace Corps Members. Authority is 31 U.S.C. 1535.

49.1. Category Definition. Family members (dependents) of applicants and volunteers of the Peace Corps with a written request from a Peace Corps official. Family members of Peace Corps staff members are not included in this definition, but are provided care under the provisions of Paragraph 38.

49.2. General Entitlements. See Table 49.

49.3. Special Considerations:

49.3.1. Physicals are provided in accordance with AFI 41-115, Chapter 1.

49.3.2. Care within the United States may be provided for an injury or illness incurred during training or duty with the Peace Corps.

49.3.3. Emergency dental care is authorized when written approval for care cannot be obtained in advance, request such approval from a Peace Corps foreign service post. For patients requiring aeromedical evacuation, contact the Peace Corps foreign service post.

49.3.4. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the cost exceeds \$250, the patient may be given the option of reimbursing the government for the amount over the \$250. In unusual circumstances, a refitting may be required and a reissue warranted. Only MTF commanders may authorize a reissue and they must certify as medically indicated.

Table 49. Family Members of Peace Corps Members Overseas.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
	direct care, outpatient	yes	IAOPR, see note below
	direct care, inpatient		IAR, see note below
	CHAMPUS	no	na
	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see note below
	supplemental care-CHAMPUS	no	na
	aeromedical evacuation	yes	see paragraph 49.3.3.
	dental care	see paragraph 49.3.3	dental rate
	USTF care	no	na
	emergency care, outpatient	yes	IAOPR, see note below
	emergency care, inpatient		IAR, see note below
	immunizations		IR

12	prosthetic devices	no	na

NOTE: Send an SF 1080 supported by DD Form 7 or 7a and original copy of the letter of authorization to Peace Corps Office of Medical Services, 806 Connecticut Ave., N.W., Washington DC 20526.

50. VISTA and Job Corps Members. Authority is 29 U.S.C. 1580.

50.1. Category Definition:

50.1.1. Applicants and enrollees (members) of the Job Corps, who have a Job Corps Identification Card, when no civilian or VA medical facility is available, and have a signed authorization from a Job Corps official.

50.1.2. Volunteers In Service To America (VISTA) who have a valid "Blue Cross and Blue Shield Identification Card" with a VISTA identification number and applicants with a letter of authorization specifying the requested service.

50.2. General Entitlements. See Table 50.

50.3. Special Considerations:

50.3.1. Physicals are provided under the provisions of AFI 41-115, Chapter 1.

50.3.2. Emergency dental care is authorized; charge the dental rate.

50.3.3. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 50. VISTA and Job Corps Members.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect the charges centrally from HQ USAF/SGMC
	direct care, outpatient	yes	IAOPR, submit DD Form 7A
	direct care, inpatient		IAR, submit DD Form 7
2	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, submit DD Form 7A
5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 50.3.3.
7	dental care	see paragraph 50.3.2.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	IAOPR, submit DD Form 7A
9	emergency care, inpatient		IAR, submit DD Form 7
10	immunizations		IR
11	prosthetic devices	no	na

51. Red Cross and United Seamen's Service (USS) Personnel. Authority is DODI 1000.13; 22 U.S.C. 2357, 5 U.S.C. Chapter 81.

51.1. Category Definition. An individual in one of the following categories stationed overseas:

51.1.1. Full-time paid staff of the American Red Cross.

51.1.2. USS area directors, club directors, and associate club directors.

51.2. General Entitlements. See Table 51.

51.3. Special Considerations:

51.3.1. Routine dental care is on a space-available basis within the capabilities determined by the Dental Squadron Commander or equivalent. When capabilities do not exist, care is limited to that required to relieve pain or undue suffering.

51.3.2. Aeromedical evacuation is authorized overseas intra-theater and from overseas to a CONUS destination MTF. Other moves within CONUS are not authorized under this regulation.

51.3.3. The following may be provided to the patient at the US Government cost: prosthetic devices, hearing aids, orthopedic footwear, spectacles, artificial limbs and artificial eyes.

51.3.4. Immunizations may be provided at no charge in CONUS to individuals preparing for transfer overseas either TDY or PCS.

51.3.5. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 51. Red Cross and USS Personnel.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect the charges locally from the individual
2	direct care, outpatient	yes	na
2	direct care, inpatient		SR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 51.3.5.
7	dental care	see paragraph 51.3.1.	na
8	USTF care	no	
9	emergency care, outpatient	yes	
9	emergency care, inpatient		SR
10	immunizations		na
11	prosthetic devices		at Government cost

52. Family Members (Dependents) of Red Cross and United Seaman's Service Personnel. Authority is DODI 1000.13

52.1. Category Definition. Family members (dependents) accompanying a sponsor stationed overseas who is a full-time paid members of the American Red Cross and/or the United Seamen's Service (USS) area directors, club directors, and associate club directors.

52.2. General Entitlements. See Table 52.

52.3. Special Considerations:

52.3.1. Routine dental care is on a space-available basis within the capabilities determined by the Dental Squadron Commander or equivalent. When capabilities do not exist, care is limited to that required to relieve pain or undue suffering.

52.3.2. Under 10 U.S.C. section 1077b, the following types of care are not provided to family members:

52.3.2.1. Domiciliary or custodial care.

52.3.2.2. Elective correction of minor dermatological blemishes and marks or minor anatomical anomalies

52.3.3. Under 10 U.S.C. section 1077b, the following may be provided to family members overseas at cost to the United States: prosthetic devices, hearing aids, orthopedic footwear, spectacles, artificial limbs and artificial eyes.

52.3.4. Individuals may be provided immunizations at no cost in CONUS when preparing for a transfer overseas either PCS or TDY.

52.3.5. Women are authorized a post-mastectomy brassiere. These appliances are considered medical supply items. The brassiere, to include insert, may be provided as a one-time initial issue only, with a cost limit of \$250 per case. In cases where the cost exceeds \$250, the patient may be given the option of reimbursing the government for the amount over the \$250. In unusual circumstances, a refitting may be required and a reissue warranted. Only MTF commanders may authorize a reissue and they must certify the reissue as medically indicated.

52.3.6. Aeromedical evacuation is authorized overseas intra-theater and from overseas to a CONUS destination MTF. Other moves within CONUS for family members are not authorized under this handbook.

52.3.7. Reimbursement required for A/E. Enter pertinent information on DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 52. Family Members of Red Cross and USS Personnel Overseas.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
2	direct care, outpatient	yes	na
2	direct care, inpatient		FMR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	see paragraph 52.3.6.	see paragraph 52.3.7.
7	dental care	see paragraph 52.3.1.	na
8	USTF care	no	
9	emergency care, outpatient	yes	
10	emergency care, inpatient		FMR
11	immunizations	see paragraph 52.3.4.	na
12	prosthetic devices	yes	see para 52.3.3. and 52.3.5.

53. Hospital Volunteers. Authority is 10 U.S.C. 8013.

53.1. Category Definition. Volunteers working in a medical treatment facility incurring an injury or illness associated with their volunteer work. This includes students under affiliation agreements.

53.2. General Entitlements. See Table 53.

53.3. Special Considerations:

53.3.1. If the requirement exists for extensive care as a result of an illness or injury incurred while performing volunteer duties, submit a request to make the individual a Secretarial Designee according to AFI 41-115, Chapter 2.

53.3.2. Immunizations may be provided at the discretion of the MTF commander at no cost.

Table 53. Hospital Volunteers.

	A	B	C
R U L E	If the general benefit is	and the patient is entitled to the benefit	then collect the charges locally from the individual

1	direct care, outpatient	yes	na
2	direct care, inpatient		SR
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation		
7	dental care		
8	USTF care		
9	emergency care, outpatient	yes	
9	emergency care, inpatient		SR
10	immunizations		see paragraph 53.3.2
11	prosthetic devices	no	na

54. Section V--American Indians and Alaska Natives. Authority is 31 U.S.C. 1535; 42 U.S.C., Compact of the Free Association of Micronesia.

54.1. Category Definition. Individuals within this category are American Indian and Alaska Natives who are receiving care under the USPHS or Indian Health Service, Micronesian Citizens, and Citizens of Samoa.

54.2. General Entitlements. See Table 54.

54.3. Special Considerations:

54.3.1. Native Americans seeking care in MTFs must be referred by competent authority and must present a properly executed pre-authorization for payment signed by either the Director of an Indian Health Service Area office or Contract Health Service. Pre-Authorizations include: AF1409, Nov 83, NAF Purchase Order/Contract/PR Register (LRA); AF1735, Jul 87, NAF Interfund Purchase Order; and SF44, Oct 83, Purchase Order - Invoice Voucher (Storage Safeguard Form).

54.3.2. Purchase Orders will include extent of authorized care. If patient requires care which is beyond the scope of the Purchase Order, contact the Contract Health Service Director for additional authorization.

54.3.3. Aeromedical evacuation is authorized when care cannot be provided locally at the military MTF and is not available through local civilian hospitals at the expense of the Indian Health Service of USPHS.

54.3.4. If the individual is treated prior to authorization being received, and subsequent claim is denied, bill the patient at the full-reimbursement rate.

54.3.5. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 54. American Indians and Alaska Natives.

	A	B	C
R U L E	If the general service is	and the patient is entitled to the service	then collect the charges centrally from HQ USAF/SGMC
1	direct care, outpatient	yes, see paragraph 54.3.1.	IAOPR, submit DD Form 7A
2	direct care, inpatient		IAR, submit DD Form 7
3	CHAMPUS	no	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, submit DD Form 7A

5	supplemental care-CHAMPUS	no	na
6	aeromedical evacuation	yes	see paragraph 54.3.3. & 54.3.5.
7	dental care		dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	IAOPR, submit DD Form 7A
9	emergency care, inpatient		IAR, submit DD Form 7
10	immunizations		IR
11	prosthetic devices	see paragraph 54.3.1.	at Government cost

55. Youth Groups. Authority is 10 U.S.C. 8013

55.1. Category Definition. Adult leaders and members of the Boy Scouts (including Explorers), Girl Scouts, Campfire members and other similar youth groups. Individuals must be participating in a summer training session or touring a military installation.

55.2. General Entitlements. See Table 36.

55.3. Special Considerations:

55.3.1. Inpatient care is provided until the individual is stabilized and can be moved to a civilian MTF.

55.3.2. Supplemental care for diagnostic tests is authorized only in conjunction with an emergency admission.

55.3.3. Outpatient care for minor illness or injuries such as the common cold, flu, cuts, abrasions, etc., that inhibit the individual's ability to perform duties, may be provided.

Table 55. Not required.

56. Civilian Emergencies. Authority is ASD (HA) Policy

56.1. Category Definition. Individuals who are not authorized care under any other provision of this regulation and require emergency medical or dental care.

56.2. General Entitlements:

56.2.1. Medical and dental care is authorized to the extent necessary to save life or limb and prevent undue suffering. Patients are transferred to a civilian medical facility as soon as they are stabilized. Collect the full-reimbursement rate from the individual or the individual's insurance company.

56.2.2. Civilians treated in a natural disaster are not charged for outpatient care and charged only subsistence if they are provided inpatient care. Procedures for reimbursement for consumable supplies are outlined in AFI 32-4001 and AFR 177-102.

56.2.3. Aeromedical evacuation of US citizens overseas is requested through the Department of State. The United States embassy in the foreign country requests this assistance direct to the Department of State who in turn notifies the Patient Airlift Center. Charges apply and the patient is responsible for payment. Charges are outlined in AFRs 76-11 and 76-28. When charges apply, the MTF reporting the patient for movement obtains a fund cite and billing address from the patient's sponsoring agency and provides that information when reporting the patient for movement. If there is no sponsoring agency, provide a billing address for the patient. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261. The Patient Airlift Center can approximate these charges when requested by the Department of State.

56.2.4. Movement of non-US citizens via aeromedical evacuation as outlined in AFI 41-115, Chapter 1.

Table 56. Not required.

57. Applicants for Service with the Uniformed Services. Authority is 50 U.S.C. 461, 10 U.S.C. 2110.

57.1. Category Definition.

57.1.1. An individual applying for enlistment, a warrant or commission in one of the uniformed services, its Reserve Components, or Service Academy.

57.1.2. Individual ordered into active service under the Military Selective Service Act.

57.1.3. Aerospace medicine consultant service for a reservist or guardsman as required by AFI 48-101.

57.2. General Entitlements. See Table 57. There is no charge for physical examinations.

57.3. Special Considerations:

57.3.1. Care is limited to that required to complete a physical.

57.3.2. Aeromedical evacuation is authorized only if special studies are required as part of the physical.

57.3.3. Supplemental care is authorized for obtaining services necessary to determine fitness for service.

57.3.4. Inpatient care is authorized for obtaining information necessary to determine the individual's fitness for service. Do not use this opportunity to correct disqualifying defects.

57.3.5. Individuals who require hospitalization as a result of undergoing a physical aptitude test for application to a Service Academy are authorized up to 3 days of inpatient care. If final disposition cannot be made in this time, contact HQ AFMOA/SGP, 110 Luke Avenue, Room 400, Bolling AFB Washington DC 20332-7050, DSN 297-1842, for instructions.

Table 57. Applicants for Service.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect these charges locally from the individual
1	direct care, outpatient	yes	na
2	direct care, inpatient		see notes 1 and 3 below
3	CHAMPUS, supplemental care-CHAMPUS, dental care, USTF system, immunizations, prosthetic devices, supplemental care-non-CHAMPUS (see para 57.2.3).	no	na
4	aeromedical evacuation	yes, see paragraph 57.3.2.	
5	emergency care	yes	see notes 2 and 3 below

NOTE: If the physical required an admission (non-emergency), collect the SR.

If there is an emergency requiring outpatient care, there is no charge.

If there is an emergency requiring inpatient care, collect the SR.

58. American Citizens Overseas Who Support American Forces Personnel. Authority is DODI 1000.13, EO 11609.

58.1. Category Definition. American citizens overseas on invitational travel orders who support American Forces Personnel. This includes news correspondents, commercial airline employees, oil company representatives and professional educators and instructors.

58.2. General Entitlements. See Table 58.

58.3. Special Considerations:

58.3.1. Emergency dental care is authorized; charge the dental rate.

58.3.2. Do not use this category to extend care to American citizens living overseas who are not otherwise entitled to care and are providing support for American Forces personnel. These individuals should apply to the MAJCOM commander overseas for Secretarial Designee status under AFI 41-115, Chapter 2.

58.3.3. If the individual has health or medical insurance, charge the insurance for all medical care; co-payments are waived.

58.3.4. Immunizations required for overseas travel may be obtained at a CONUS MTF.

58.3.5. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 58. American Citizens Overseas Supporting American Forces.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect the charges locally from the individual
	direct care, outpatient	yes	FOPR, see para 58.3.3.
	direct care, inpatient		FRR, see para 58.3.3.
	3 CHAMPUS	no	na
	4 supplemental care-non-CHAMPUS	for diagnostic tests only	actual charges, see para 58.3.3.
	5 supplemental care-CHAMPUS	no	na
	6 aeromedical evacuation	yes	see paragraph 58.3.5.
	7 dental care	see paragraph 58.3.1.	dental rate
	8 USTF care	no	na
	9 emergency care, outpatient	yes	FOPR, see para 58.3.3.
	9 emergency care, inpatient		FRR, see para 58.3.3.
	10 immunizations	see paragraph 58.3.4.	IR, see para 58.3.3.
	11 prosthetic devices	no	na

59. Entertainers, Civilian Religious Leaders, and Athletic Consultants. Authority is DODI 1000.13, EO 11609, DODI 1330.7.

59.1. Category Definition. American citizens overseas on invitational travel orders who are engaged in support to American Forces Personnel. This includes entertainers, civilian religious leaders, and athletic consultants.

59.2. General Entitlements. See Table 59.

59.3. Special Considerations:

59.3.1. Emergency dental care is authorized; charge the dental rate.

59.3.2. Do not use this category to extend care to American citizens living overseas who are not otherwise entitled to care and are providing support for American Forces personnel. These individuals should apply to the MAJCOM commander overseas for Secretarial Designee status under AFI 41-115, Chapter 2.

59.3.3. Inpatient care resulting from an emergency is authorized. For individuals with health or medical insurance, charge the insurance the FRR and the individual the subsistence rate. If no insurance, charge the individual the full-reimbursement rate.

59.3.4. Immunizations required for overseas travel may be obtained from a CONUS MTF.

59.3.5. Reimbursement required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 59. Entertainers, Religious Leaders, and Athletic Consultants.

	A	B	C
R U L E 1	If the general benefit is	and the patient is entitled to the benefit	then collect the charges locally from the individual
	direct care, outpatient	yes	na
	2 direct care, inpatient	no	

3	CHAMPUS		
4	supplemental care-non-CHAMPUS	for diagnostic tests only	
5	supplemental care-CHAMPUS	no	
6	aeromedical evacuation	yes	see paragraph 59.3.5
7	dental care	see paragraph 59.3.1.	dental rate
8	USTF care	no	na
9	emergency care, outpatient	yes	
9	emergency care, inpatient		see paragraph 59.3.3.
10	immunizations	see paragraph 59.3.4.	na
11	prosthetic devices	no	

60. Prisoners. Authority is 31 U.S.C. 1535

60.1. Category Definition. Individuals in confinement in federal civilian and military penal institutions.

60.2. General Entitlements. See Table 60.

60.3. Special Considerations. Reimbursement may be required for A/E. Enter pertinent information into DMRIS screen or forward to GPMRC, HQ TRANSCOM, 505 D Street, Room 100, Scott AFB, IL 62225-5049, fax DSN 576-4389, voice 576-6261.

Table 60. Prisoners.

R U L E	A	B	C	D
	If the general benefit is	and the patient is entitled to the benefit	and is a member on active duty	MTFs collect these charges from the applicable Federal Prison
1	direct care, outpatient	yes	yes	na
			no	IAOPR
2	direct care, inpatient		yes	na
			no	IAR
3	CHAMPUS	no	na	na
4	supplemental care-non-CHAMPUS	for diagnostic tests only	yes	
			no	actual charges
5	supplemental care-CHAMPUS	no	na	na
6	aeromedical evacuation	yes	na	see paragraph 60.3.
7	dental care		yes	na
			no	dental rate
8	USTF system	no	na	na
9	emergency care, outpatient	yes	yes	

			no	IAOPR
10	emergency care, inpatient		yes	na
			no	IAR
11	immunizations		yes	na
			no	IR
12	prosthetic devices		yes	na
			no	at Government cost

CHARLES H. ROADMAN II, Lt General, USAF, MC
Surgeon General

GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS**References**

Public Law 97-174, *Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act*

Title 10, United States Code, Chapters 55, 152, and Chapter 803, Section 8013, current edition

Title 20, United States Code, Sections 927 and 1401, current edition

Title 31 United States Code, Section 1535 and 686, *The Economy Act*, current edition

Title 42, United States Code, Sections 2651 through 2653, current edition

Executive Order (EO) 11733 (30 Jul 73)

Federal Medical Care Recovery Act (FMCRA)

DOD Directive 1342.13, *Eligibility Requirements for Education of Minor Children in Overseas Areas*, with Changes 1 and 2, July 8, 1982

DoD Directive 3025.13, *Employment of Department of Defense Resources in Support of the United States Secret Service*, September 13, 1985

DOD Directive 6010.14, *Inpatient Medical Care for Foreign Military Personnel*, July 8, 1986

DoD Directive 6310.7, *Medical Care for Foreign Personnel Subject to NATO SOFA*, December 18, 1962

DOD Instruction 1010.13, *Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DoD Dependent Schools Outside the United States*, with Change 1, August 28, 1986

DOD Instruction 1342.12, *Provision of Early Intervention and Special Education of Services to Eligible DoD Dependents in Overseas Areas*, March 12, 1996

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DoD Regulation 6010.8-R, *Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)*, Reprint and Changes 1-9, July 1991

AFPD 41-1, *Health Care Programs and Resources*

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AFI 41-101, *Obtaining Alternative Medical and Dental Care* (formerly AFR 168-10)

AFI 44-102, *Management of Clinical Services* (formerly AFR 160-12)

AFI 48-123, *Medical Examination and Medical Standards* (formerly AFR 160-43)

AFI 51-502, *Personnel and Government Recovery Claims* (formerly AFR 112-1)

AFM 30-130, Volume I, *Base Level Military Personnel System - User's Guide*.

TRICARE-Active Duty Family Member Dental Plan Benefit Booklet

Abbreviations and Acronyms

AAFES—Army and Air Force Exchange System

ADT—Active Duty Tour

AFI—Air Force Instruction

AFMOA—Air Force Medical Operations Agency

AFPC—Air Force Personnel Center

AFRES—Air Force Reserves

AGR—Active Guard and Reserve

ANG—Air National Guard

ARPC—Air Reserve Personnel Center

CAP—Civil Air Patrol (USAF Auxiliary)

CHAMPUS—Civilian Health and Medical Program of the Uniformed Services

CONUS—Continental United States

DBMS—Director of Base Medical Services

DEERS—Defense Enrollment Eligibility Reporting System

DOD—Department of Defense

DSN–Defense Switched Network
DVA–Department of Veterans Affairs
EAD–Extended Active Duty
FECA–Federal Employees Compensation Act
FMR–Family Member Rate
FMS–Foreign Military Sales
FOPR–Full Outpatient Rate
FRR–Full Reimbursement Rate
FSR–Full Subsistence Rate
GPMRC–Global Patient Movement Requirements Center
IAOPR–Interagency Outpatient Rate
IAR–Interagency Rate
IDT–Inactive Duty for Training
IMET–International Military Education and Training
INF–Intermediate Range Nuclear Forces
IR–Immunization Rate
ITO–Invitation Travel Order
LOD–Line of Duty
MCSS–Military Clothing Sales Store (Base Exchange)
MHSS–Military Health Services System
MRE–Meals, Ready to Eat
MTF–Medical Treatment Facility
NAF–Non-appropriated Fund
NATO–North Atlantic Treaty Organization
NOAA–National Oceanic and Atmospheric Administration
OASD(HA)–Office of the Assistant Secretary of Defense (Health Affairs)
OCHAMPUS –Office of the Civilian Health and Medical Program of the Uniformed Services (See TSO)
OCONUS–Outside the Continental United States
OSIA–On-Site Inspection Agency
OTS–Officer Training School
OWCP–Office of Workers Compensation Program
PCS–Permanent Change of Station
ROTC–Reserve Officer Training Corps
SATP–Security Assistance Training Program
SR–Subsistence Rate
SSAN–Social Security Account Number
TAD–Temporary Attached Duty (Navy term for TDY)
TDRL–Temporary Disability Retired List
TDY–Temporary Duty
TSO–TRICARE Support Office (formerly OCHAMPUS)
US–United States
USA–United States Army
USAF–United States Air Force
USC–United States Code
USCG–United States Coast Guard
USMTF–Uniformed Service Medical Treatment Facility
USMC–United States Marine Corps
USN–United States Navy
USO–United Services Organization
USPHS–United States Public Health Service
USS–United Seamen’s Service
USTF–Uniformed Services Treatment Facility
VISTA–Volunteers in Service To America

Terms

Active Duty—Full-time duty in the active Uniformed Services of the United States. The term applies to all active duty Uniformed Services with the Reserve Components serving on active duty or full-time training duty, but does not include full time National Guard duty. Also called AD. For medical entitlements, active duty status includes members of the Reserve Components serving active duty tours for any period. Such tours include:

- Active duty for training (ADT) - Special Tour.
- Active duty for training (ADT) - School Tour.
- Active duty for training (ADT) - Substitute Training.
- Initial active duty for training (IADT).
- Annual training (AT).
- Temporary tour of active training (TTAD) - Used for short term support of the active force.
- Active duty support (ADS).
- Extended active duty (EAD).

Active Duty Member—A person serving full-time duty in the active military service of the United States. This includes members of the Reserve Components serving on active duty or full-time training duty, but does not include full-time National Guard duty. Also called AD. See also active duty for training; inactive duty training.

Active Duty Training or Active Duty for Training—A tour of active duty which is used for training members of the Reserve Components to provide trained units and qualified persons to fill the needs of the Armed Forces in time of war or national emergency and such other times as the national security requires. The member is under orders which provide for return to non-active status when the period of active duty training for training is completed. It includes annual training, special tours of active duty for training, school tours, and the initial duty for training performed by nonprior service enlistees.

Active Guard and Reserve—National Guard or Reserve Members who are on voluntary active duty providing full-time support to National Guard, Reserve, and Active Component organizations for the purpose of organizing, administering, recruiting, instructing, or training the Reserve Components. Also called AGR. An AGR carries a green (active duty) identification card.

Air Reserve Components (ARC)—All units, organizations, and members of the Air National Guard of the United States (ANG) and the US Air Force Reserve (USAFR).

Beneficiary—Persons entitled to benefits under the MHSS and this instruction.

Child—An individual under the age of 10. For the purposes of medical care and the parental consent requirement, the definition of a child varies according to state law (see AFI 36-3001).

Chronic Medical Condition—A medical condition that active medical treatment can't cure or control. Chronic conditions may involve periodic acute episodes and may require intermittent inpatient care. Sometimes medical treatment may control a chronic medical condition sufficiently to permit continuation of daily living activities such as work, or school).

Civilian Health and Medical Program of the Uniformed Services—That part of the MHSS under which the Government pays a portion of the of the specific health serviced that eligible individuals receive from civilian health care providers. DoD 6010.8-R outlines CHAMPUS.

Commander—Synonymous with commanding officer, officer in charge, director, chief, and so on.

Continental United States (CONUS)—United States territory, including the adjacent territorial waters, located within North America between Canada and Mexico (Alaska and Hawaii are not part of CONUS).

Custodial Care—Care for a patient who:

- Is mentally or physically disabled and expected to continue as such for prolonged period.
- Requires a protected, monitored, or controlled environment in an institution or home.
- Requires assistance to support the essentials of daily living.
- Is not under active and special medical, surgical, or psychiatric treatment that reduces the disability to the extent necessary to enable the patient to function outside a protected, monitored, or controlled environment.

Deceased Member—A person who was, at the time of death, a uniformed service active duty member or retire; or a retired member of a Reserve Component who elected to participate in the Survivor Benefit Plan (for information on this plan, contact the Personal Affairs Section at the local MPF), but died before reaching age 60.

Deferred Non-emergency Care—Medical, surgical, or dental care that, in the opinion of medical authority, could be performed at another time or place without risk of the patient's life, limb, health, or well-being. Examples are surgery for cosmetic purposes, vitamins without a therapeutic basis, sterilization procedures, therapeutic abortions, procedures for dental prosthesis, and prosthetic appliances.

Dental Care (as an adjunct to medical or surgical treatment, typically called adjunctive dental care)—Dental care that in the professional judgment of the attending physician and dentist judge to be both:

- Necessary for the treatment or management of a medical or surgical condition other than dental.
- Greatly beneficial to the patient's primary medical or surgical condition or its after-effects. The primary diagnosis must be specific so that the relationship between the primary condition and the requirement for dental care in the treatment

of the primary condition is known. Dental care to improve the general health of the patient is not necessarily adjunctive dental care.

Dependency Determination—A determination by the Air Force Accounting and Finance Center, in which individuals may retain their status as family members of an active duty or retired member of the uniformed services. A dependency determination that establishes dependency (called a favorable dependency determination) does not in itself establish an entitlement to medical care. The dependency determination must provide specifically for medical care.

Dependent (family member)—An immediate family member of an active duty or retired member of the uniformed services. See AFI 36-3001 for a detailed explanation.

Direct Care System—The system of military hospitals and clinics around the world. It includes Coast Guard facilities and excludes the system of benefits delivered under CHAMPUS.

Director of Base Medical Services (DBMS)—The senior individual of any corps of the Medical Service who has overall managerial responsibility for patient care activities on an installation.

Disposition—The removal of a patient from a medical treatment facility because of a return to duty or to home, transfer to another medical treatment facility, death, or other termination of medical care. The term may also refer to change from inpatient to outpatient status (for example, inpatient to subsisting elsewhere or convalescent leave).

Domiciliary Care—See “Custodial Care”. While there may be a clinical difference between these two types of care, for the purpose of determining entitlements, they are the same.

Durable Medical Equipment—Equipment that can withstand repeated use and generally is not useful to a person in the absence of illness or injury, for example, Respirators, nebulizers, IPP machines, oxygen tents, wheelchairs, hospital type beds, and ambulation devices such as walkers are examples.

Elective Health Care—Health care that is not medically necessary to provide relief from pain and suffering, or potential health problems. A health care provider makes this determination.

Emergency Care—The immediate medical or dental care necessary to save a person’s life, limb, or sight, or to prevent undue suffering or loss of body tissue.

Extended Active Duty—A tour of active duty, normally for more than 90 days, that members of the Reserve Component perform. Strength accountability changes from the Reserve Component to the active duty force. Active duty for training is not creditable for EAD.

Family Member—See Dependent

Foreign Military Sales—That portion of United States security assistance authorized by the Foreign Assistance Act of 1961, as amended, and the Arms Export Control Act of 1976, as amended. This assistance differs from the Military Assistance Program and the International Military Education and Training Program in that the recipient provides reimbursement for defense articles and services transferred. Also called FMS.

Former Spouse—An individual who was married to an active duty member for a sufficient length of time to become eligible for health care. See also AFI 41-115, and AFI 36-3001.

Inactive Duty Training—Authorized training performed by a member of a Reserve Component not on active duty for training and consisting of regularly scheduled unit training assemblies, additional training assemblies, periods of appropriate duty or equivalent training, and any special additional duties authorized for Reserve Component personnel by the Secretary concerned, and performed by them in connection with the prescribed activities of the organization in which they are assigned with or without pay. Does not include work or study associated with correspondence courses. Also called IDT. See AFMAN 36-8001 for more details.

International Military Education and Training (IMET)—Formal or informal instruction provided to foreign military students, units, and forces on a nonreimbursable (grant) basis by offices or employees of the United States, contract technicians, and contractors. Instruction may include correspondence courses; technical, educational or informational publications; and media of all kinds.

Maternity (obstetrical) and Infant Care—Medical and surgical care incident to pregnancy, including prenatal care, delivery, postnatal care, treatment of complications of pregnancy, and inpatient newborn care.

Maximum Hospital Benefit—The point during hospitalization when the patient’s progress appears stable, and medical authorities determine that further hospitalization won’t spell recovery. For example, a patient who continues to improve slowly over a long period of time, without specific therapy or medical supervision, or with only a moderate amount of treatment on an outpatient basis has attained maximum hospital benefit.

Medical Care—Inpatient, outpatient, dental care, and related professional services.

Medical Treatment Facility—A facility established for the purpose of furnishing medical and/or dental care to eligible individuals (applies to both hospitals and clinics). It does not include aid stations nor contract facilities (except PRIMUS clinics).

Medical Treatment Facility Commander—The person appointed on orders as the commanding officer of the medical treatment facility. This may also be the DBMS.

Military Patient—A patient who is a member of the uniformed services of the United States on active duty, or an active duty member of a foreign government, or a member of a Reserve Component on duty.

NATO Countries—See NATO member.

NATO Member—A military member of a NATO nation who is on active duty and who, in connection with official duties, is stationed in or passing through the United States. NATO nations are: Belgium, Canada, Denmark, Federal Republic of Germany, France, Greece, Iceland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Turkey, the United Kingdom, and the United States.

Non-appropriated Fund Employee—A Government employee whose pay comes from other than Congressional funds (for example, bowling alley and base exchange employees).

Office of Worker's Compensation Programs Beneficiary—A civilian employee of the US Government who is injured or contracts a disease in the performance of duty and the OWCP has designated as a beneficiary.

Optimal Hospital Improvement for Disposition Purposes—That point during hospitalization, when after the necessary medical treatment, medical authorities can determine the patient's medical fitness for further active services. Also, the point when further treatment for a reasonable period won't result in any material change in the patient's condition that would ultimately alter the type of disposition or amount of separation benefits.

Prosthetic Devices—Artificial limbs, hearing aids, orthopedic footwear, and spectacles.

Reserve Components—Reserve components of the Armed Forces of the United States are:

- The Air National Guard of the United States
- The Air Force Reserve
- The Army National Guard of the United States
- The Army Reserve
- The Naval Reserve
- The Marine Corps Reserve
- The Coast Guard Reserve. For the purpose of this instruction, the term also includes the reserve members of the commissioned corps of the United States Public Health Service and National Oceanic and Atmospheric Administration.

Retiree—A member or former member of a uniformed service who is entitled to retired, retainer, or equivalent pay, based on duty in a uniformed service.

Routine Dental Care—All professional treatment of oral disease, injuries, and deficiencies that fall within the field of dental and oral or maxillofacial surgery.

Routine Medical Care—Routine care includes

- Prescriptions from federal or non-Federal civilian providers
- Physical exams including pertinent tests and procedures.
- Eye examinations and special lenses for those eye conditions that require such lenses for complete medical or surgical management of the condition.
- Newborn and well-baby care.
- Diagnostic tests including laboratory and radiology services.
- Family planning services and supplies including counseling and guidance. Under sound medical practice and applicable laws, medical personnel may provide these services to any dependent upon request.
- Ground ambulance service.
- Home calls when the DBMS determines them to be medically necessary.
- Loans of non-expendable durable medical equipment.
- Orthopedic aids such as braces, crutches, walking irons, elastic stockings, and so on.
- Orthopedic footwear is included only if it is an integral part of, and attached to, a brace.
- Hearing examinations.
- Primary and secondary medical care.

Security Assistance Training Program—The umbrella program for International Military Education and Training Program and Foreign Military Sales.

Supplemental Care-CHAMPUS—Medical or dental care that CHAMPUS beneficiaries receive from civilian sources, when the Air Force MTF retains medical management of that patient and the care required is not available at that facility. The MTFs O supplemental care-CHAMPUS funds pay for civilian diagnostic, ambulance, and consultation services along with prescription medications that the MTF orders. Under specific circumstances, CHAMPUS will cost share medical treatment for CHAMPUS beneficiaries even though the patients remain under the primary control of the military MTF.

Supplemental Care-Non-CHAMPUS—MTF operating and maintenance funds that the MTF uses to obtain civilian health care for active duty members and non-CHAMPUS beneficiaries when that care is not available in the MTF. The patient must remain under the clinic supervision of a member of the MTF staff.

Survivors—A spouse or child who was a family member as defined by AFI 36-3001, and whose sponsor died while on active duty, or was a participant in the Survivor Benefit Program.

Treatment—A procedure or medical service that medical persons expect to lead to or assist in the patient's recovery.

Uniformed Services—The Army, Navy, Air Force, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration, and Public Health Service.

Uniformed Services Medical Treatment Facilities—Medical treatment facilities that belong to the Air Force, Army, Navy, and Coast Guard, but not former Public Health Service medical facilities that the Congress has designated as USTFs.

Uniformed Services Treatment Facilities—Former USPHS facilities that Congress has designated as institutions where MHSS personnel may obtain care.

United States—The 50 States and the District of Columbia.

Veteran—A person who served in the active military on active duty in the Uniformed Services (Army, Navy, Coast Guard or Air Force, National Oceanic and Atmospheric Administration, and the US Public Health Service). A person who originally enlisted in a regular component of the Armed Forces after 7 September 1980, or who entered active duty after 16 October 1981, is not eligible for benefits from the Veterans Affairs unless he or she completes the lesser of 24 continuous months of active duty or the full period for which the person was called or ordered to duty. This provision does not apply to veterans who have a compensable service-connected disability or who were discharged close to the end of an enlistment term because of hardship, or a disability incurred or aggravated in line of duty.

Veterans Medical Benefits—Medical benefits authorized under Title 38, U.S.C. chapter 17, available to veterans with honorable and general discharges. Discharges issued by general court-martial are a bar to Veterans Affairs benefits.

UNIFORMED SERVICES TREATMENT FACILITIES (USTFS)

1. Johns Hopkins Medical Services Corporation, 3100 Wyman Park Drive, Baltimore MD 21211-2803 Phone: (410) 338-3791, Fax (410) 338-3302

2. Brighton Marine Public Health Center, 77 Warren St, Boston MA 02135-9862

Phone: (617) 562-5506, Fax (617) 562-4234

3. Sisters of Charity of the Incarnate Word, 2600 North Loop West, Houston TX 77092-8914

Phone: (713) 681-8877, Fax (713) 681-3462

a. St John Hospital, 2050 Space Park Dr, Nassau Bay TX 77058

b. St Joseph's Hospital, 1919 LaBranch, Houston TX 77002

c. St Mary Hospital, 3600 Gates Blvd, Port Arthur TX 77640

4. Pacific Medical Center, 1200 12th Ave South, Seattle WA 98144-2790

Phone: (206) 326-4083, Fax (206) 326-4036/4046

5. Bayley-Seton Hospital, Bay St and Vanderbilt Ave, Staten Island, NY 10304-3850

Phone: (212) 447-3010, Fax (718) 390-6011

6. Martin's Point Health Care Center, 331 Veranda St, Portland ME 04103-5040

Phone: (207) 774-5801 Ext 225, Fax (207) 828-2434/2446

7. Lutheran Medical Center, 2609 Franklin Blvd, Cleveland OH 44113-2992

Phone: (216) 363-2043, Fax (216) 696-7062

INTERNATIONAL RECIPROCAL MILITARY HEALTH CARE AGREEMENTS

COUNTRY	EXPIRATION DATE
Bolivia	12 Sep 97
Canada	2 May 99
Columbia	8 Apr 99
Ecuador	27 Jan 97
El Salvador	6 Feb 97
Federal Republic of Germany	7 Apr 97
Guatemala	23 Apr 97
Romania	25 Apr 98
Tunisia	12 Oct 99
Uruguay	7 Feb 97
Venezuela	21 Sep 97

NOTE: Reciprocal Health Care Agreements may not cover all military, civilians, or dependents. Insure the individual receiving the medical/dental service is covered under the country agreement.